PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P98000046917

1. Corporation Name

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NAVIGATOR POWER BOAT BROKERAGE, INC.

3220 NW 86 STREET 3220 NW 86 STREET MIAMI FL 33147 MIAMI FL 33147	
MIAMI FL 33147 MIAMI FL 33147	
The state of the s	

05/26/1998

Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State

28 Со Zip Country 30

29 25

9. Name and Address of Current Registered Agent

HERNANDEZ, ORLANDO **3220 NW 86 STREET MIAMI FL 33147**

FILED Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90159 038 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

		1 9 FEINUMBER 10 PS	Applied Fol			
		W-6842136	Not Applicable			
		5. Certifcate of Status Desired	8.75 Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
ountry	8. This corporation owes the current year Intangible Personal Property Tax.					
10. Name and Address of New Registered Agent						
81	Name					
82	Street Address (P.O. Box Number is Not Acceptable)					
83						
84	City	FL	5 Zip Code			
above-named corporation submits this statement for the purpose of changing its registered ad by the corporation's board of directors. I hereby accept the appointment as registered stutes.						

3. Date Incorporated or Qualifed

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authorize
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta

SIGNATURE	ANOTE AND TO AN ANOTE AND AN ANOTE AND AN ANOTE AND AN ANALYSIS AND ANALYSIS ANALYSIS AND ANALYSIS ANALYSIS AND ANALYSIS ANALYSIS AND ANALYSIS AND ANALYSIS AND ANALYSIS AND ANALYSIS ANALYSIS ANALYSIS ANALYSIS ANALYSIS ANALYSIS ANALYSIS ANALYSIS ANALYSI	Registered Agent signature re	equired when reinstating) DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD DELETE	11 TITLE	Change Addition		
NAME	HERNANDEZ, ORLANDO	1.2 NAME	·		
STREET ADDRESS	3220 NW 86 STREET	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33147	14 CITY-ST-ZIP	1970		
TITLE	SD DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME)	HERNANDEZ, CAROLINA	22 NAME	·		
STREET ADDRESS	3220 NW 86 STREET	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33147	2 4 City-ST-ZIP			
TITLE	TD DELETE	31 TITLE	☐ Change ☐ Addition		
NAME	GATONBAN	3.2 NAME			
STREET ADDRESS	14080/SW 38 STREET	3.3 STREET ADDRESS	-		
CITY-ST-ZIP	MAMI FL 38175	3.4. CITY-ST-ZIP			
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition		
NAME	GONZALEZ PEDRO	4. 2 NAME			
STREET ADDRESS	375 WEST S5 STREET	4.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33012	4,4 CITY-ST-ZiP	11.4.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
TITLE	VQ DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME	PICO, SEBVILIO	5.2 NAME			
STREET ADDRESS	6960 M:W: 8TH STREET	. 5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172	5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	Change Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP	,		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reference empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an afactiment with an address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR