

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90103 047 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000090434**

1. Corporation Name  
**NAV ELECTRONICS INC**

Principal Place of Business 7195 NW 179TH ST #206 MIAMI FL 33015	Mailing Address 7195 NW 179TH ST #206 MIAMI FL 33015
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4631 NW 31ST AVE</b>	2a. Mailing Address 26 <b>6635 W.COMMERCIAL BLVD</b>
Suite, Apt. #, etc. 22 <b>SUITE # 256</b>	Suite, Apt. #, etc. 27 <b>SUITE #215</b>
City & State 23 <b>FORT LAUDERDALE, FL</b>	City & State 28 <b>TAMARAC, FLORIDA</b>
Zip 24 <b>33309</b> Country 25 <b>USA</b>	Zip 29 <b>33319</b> Country 30 <b>USA</b>

3. Date Incorporated or Qualified <b>10/19/1998</b>	4. FEI Number <b>65-0871028</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MALIK, NAMRITA**  
**7195 NW 179TH ST #206**  
**MIAMI FL 33015**

10. Name and Address of New Registered Agent

81 Name <b>RAJU MANIAR</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6635 W.COMMERCIAL BLVD</b>
83 <b>SUITE # 215</b>
84 City <b>TAMARAC</b> FL 85 Zip Code <b>33319</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Raju Maniar* DATE 2/7/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>D MALIK NAMRITA</b>
STREET ADDRESS	<b>7195 NW 179TH ST #206</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 receiver or trustee 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 attachment with an address, with all other like empowered.

SIGNATURE: *Namrita Malik* (NAMRITA MALIK) 01/07/99 (954) 252-4010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)