PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000107852

1. Corporation Name

EDUARDO J. NAVARRO, P.A.

Principal Place of Business	Mailing Address		r 18841881 hts carst 18111 Barry court adign con-		
3191 CORAL WAY	3191 CORAL WAY				
SUITE 800	SUITE 800		DO NOT WRITE IN THIS	SDACE	
MIAMI FL 33145	MIAMI FL 33145		3. Date Incorporated or Qualifed	SPACE	
			12/23/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	11.	Applied For
21 3191 CORAL WAY	26 SAME	<u>⇒</u>	65 D913383		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional
22 Suite 800	27		5. Certificate of Status Desired	Fee	Required
City & State	City & State		6. Election Campaign Financing		May Be
23 MIAMI FL	28		Trust Fund Contribution		d to Fees
Zip Country		Country	8. This corporation owes the current year Inta	angible ∐Yes	□No
24 33 145 25 Migni-DAG			Personal Property Tax. 10. Name and Address of New Registered A		
9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Registered A	-yent_	
NAVARRO, EDUARDO J					
3191 CORAL WAY		82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 800		83			
MIAMI FL 33145				, r.	
		84 City	FI	85 Zi	p Code
11. Pursuant to the provisions of Sections 607.050	22 and 607 1508 Florida Statutes the	a above-named cor	poration submits this statement for the purpose of	changing	its registered
agent. I am familiar with, and accept the obliga	of Florida. Such change was authorations of, Section 607.0505, Florida S	tatutes.	ion's board of directors. I hereby accept the appoin	illiont 00	rogiotoroo
SIGNATURE Signature, typed or printed name of registered age		ered Agent signature requir		D DIDEC	TODO IN 12
		13.	ADDITIONS/CHANGES TO OFFICERS AN	Chang	
	-	1 TITLE			
NAME ELVARGO V. WA	LA LA BAS	2 NAME			
		3 STREET ADORESS			
CITY-ST-ZIP LILAM FL.		4 CITY-ST-ZIP		[T] Chang	e ["] Addition
DIRECTOR		2 NAME		(
NAME Eduard J. N					
		3 STREET ADDRESS			
CITY-ST-ZIP		4 CITY-ST-ZIP		Chang	ge Addition
TITLE		2 NAME		_	_
NAME	· · · · · · · · · · · · · · · · · · ·	3 STREET ADDRESS			
STREET ADDRESS		A. CITY-ST-ZIP			
CITY-ST-ZIP		4. UTT-51-2P		Chang	ge Addition
TITLE NAME		2 NAME			
STREET ADDRESS		3 STREET ADDRESS			
		4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		.1 TITLE		Chang	e Addition
NAME		2 NAME			
STREET ADDRESS	5	3 STREET ADDRESS			
CITY-ST-ZIP	5	4 CITY-ST-ZIP			
TITLE	☐ DELETE 6.	.1 TITLE		Chang	ge 🗌 Addition
NAME	6	.2 NAME			

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

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.

May 24, 1999 8:00 am Secretary of State

05-24-1999 90020 023 ***150.00