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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90065 017 \*\*\*150.00

## DOCUMENT # V05884

1. Corporation Name

NAL)	navian Container Servii	CES INC. (INTERNATIO	•					
Principal Plac	e of Business	Mailing Address				1	)  0 3   0 1   6 6   3 J	IF BIUM DINAFIGUI
4500 BISCAYNE BLVD PO BOX 53-0766 SUITE 345 MIAMI SHORES FL 33153 MIAMI FL 33137 US US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  01/10/1992			
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number 65-0345662	<u> </u>	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_		-5. Certificate of Status Desired		Additional
City & Stat	<u> </u>	City & State				6. Election Campaign Financing		0 May Be
23		28				Trust Fund Contribution	• • • •	d to Fees
Zip <b>24</b>	Country 25	Zip 29	Country 30	, 		This corporation owes the current y     Personal Property Tax.	rear Intangible	□No
	9. Name and Address of Current	t Registered Agent		T		10. Name and Address of New Regis	stered Agent	
	GARD, ERIK		81			ss (P.O. Box Number is Not Acceptable)		
4500 BISCAYNE BLVD SUITE 345 SUITE 345			83	ļ	. ' '			
	All FL 33137		63					
			84	City			FL 85 Zip	Code
44 Durament	to the provisions of Sections 607 0502	and 607 1509 Elorida Statuta	- 466					
office or r agent. I a SIGNATURE	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was aut ions of, Section 607.0505, Florid	thorized by da Statutes	the con	poration	ation submits this statement for the purp 's board of directors. I hereby accept the	appointment as	registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida. Such change was autions of, Section 607.0505, Floridated if applicable. (NOTE: F	thorized by da Statutes Registered Ager	the con	poration	's board of directors. I hereby accept the	appointment as	registered
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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 feceiver or invisee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes on the feceiver of the corporation of the corporat

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

E OF SIGNING OFFICER OR DIRECTOR

DELETE

305-381-630

Change

Addition