FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(9)

JONKER NAVIGATION CORP. (USA), INC.						
Principal Place	of Business	Mailing Address		489% GIANA OF 11 16902 A7744 4015	ii sans dibit dinii dinii bibit gibit didii ibi	J#1
% GERHARDI 890 S. DIXIE	T.A. SCHREIBER HWY.	% GERHARDT A. SCH 890 S. DIXIE HWY.	REIBER			·· ·· ·
MIAMI FL 331	146-2603	MIAMI FL 33146-2603		3. Date Incorporated or Qualified 01/17/1992	05/01/1995	
2. Principal Pla	ace of Business	2a. Mailing Address	···	4. FEI Number 65-0325944	Applied For Not Applied	able
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	al ———
City & State	3	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country 30	8. This corporation has liability for Florida Statutes	r intangible tax under s 199.032, es □ No	
24	25	29	[30]	10. Name and Address of New	Registered Agent	
	9. Name and Address of Curren	r uedistalen wäcur	81 Name	,		
890 S. 1	BER, GERHARDT A. DIXIE HWY. GABLES FL 33146		82 Street Add	dress (P.O. Box Number is Not Accepta	able)	
001112			84 City		FL 85 Zip Code	
familiar wi	ith, and accept the obligations of, Section and accept the obligation of registered agent	and title if applicable (N	OTE: Registered Agent signature mig-	oration submits this statement of the plant of directors. I hereby accept the appropriate the programment of the plant of	DATE FFICERS AND DIRECTORS IN 12	
12.		D DIRECTORS DELETE	13.	ADDITIONOS INTEGRAL	☐ Change ☐ Addi	ition
TITLE	PT		1.2 NAME			
NAME	VIDAL, JOSEFINA Y.		1.3 STREFT ADDRESS			
STREET ADDRESS	16 WEST SUNRISE AVE		1.4 CITY-ST-ZIP			
CITY-ST-ZIP	CORAL GABLES FL 33133	DELETE	2 1 1/1LF		☐ Change ☐ Add	lition
TITLE	VS VIDAL, JOSEPH		2.2 NAME			
NAME ORDER LEGGERS	16 WEST SUNRISE AVE.		2 3 STREET ADDRESS			
STREET ADDRESS	CORAL GABLES FL 33133		2 4 CITY - ST - ZIP			
CiTY-ST-7iP TITLE	V	DELETE	3 1 TITLE		Change Add	dition
NAME	ZAWADZKI, RODRIGO		3.2 NAME			
STREET ADDRESS	ANY 445 AT		33 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183		3.4 CITY - ST - ZIP		Change Add	dition
TAILE		☐ DELETE	4. 1 TITLE		Change Add	Jitlull
NAME			4 2 NAME			
STREET ADDRESS	: [4 3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City - S1 - ZIP		Change Add	dition
TITLE		DELETE	5 1 TITLE		□ Outongo □ vac	
NAME			5 2 NAME			
STREET ADDRESS	;		53 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP		Change Add	Idition
TITLE		DELETE	6 1 TITLE			
NAME			6 2 NAME			
	. 1		2230000 T31000 CC			
STREET ADDRESS	5		6.3 STREET ADDRESS 6.4 City-St-Zip			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I further certify that the information indicated on this angual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the copy diation 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 in an attachment with an address.

SIGNATURE:

JOSEPH A. VIDAL ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-661/422 (Matric Phone)