

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V07507 (9)
 1. Corporation Name
JONKER NAVIGATION CORP. (USA), INC.



Principal Place of Business % GERHARDT A. SCHREIBER 890 S. DIXIE HWY. MIAMI FL 33146-2603	Mailing Address % GERHARDT A. SCHREIBER 890 S. DIXIE HWY. MIAMI FL 33146-2603
C/O GERHARDT A. SCHREIBER	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/17/1992

2. Principal Place of Business 7600 RED ROAD	2a. Mailing Address 2222 PONCE DE LEON BLVD.
Suite, Apt. #, etc. # 102	Suite, Apt. #, etc. PENTHOUSE SUITE
City & State SOUTH MIAMI FL.	City & State CORAL GABLES, FL
Zip 33143	Zip 33134

4. FEI Number 65-0325944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SCHREIBER, GERHARDT A.
890 S. DIXIE HWY.
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name GERHARDT A. SCHREIBER
82 Street Address (P.O. Box Number is Not Acceptable) 2222 PONCE DE LEON BLVD.
83 PENTHOUSE SUITE
84 City CORAL GABLES, FL
85 Zip Code 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VIDAL, JOSEFINA Y. 16 WEST SUNRISE AVE CORAL GABLES FL 33133	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VIDAL, JOSEPH 16 WEST SUNRISE AVE. CORAL GABLES FL 33133	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAWADZKI, RODRIGO 7635 SW 146 CT. MIAMI FL 33183	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PT VIDAL, JOSEPH A. 16 WEST SUNRISE AVE. CORAL GABLES, FL. 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VS VIDAL, JOSEFINA 16 WEST SUNRISE AVE. CORAL GABLES, FL. 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ASSISTANT SECRETARY VIDAL, VANESSA R. 16 WEST SUNRISE AVE. CORAL GABLES, FL. 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Joseph A. Vidal* #2/98 6611422

CR2E034 (10/97)