

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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90193 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V07507**

1. Corporation Name
JONKER NAVIGATION CORP. (USA), INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 7600 RED ROAD #102 SOUTH MIAMI FL 33143 US

Mailing Address
 2222 PONCE DE LEON BLVD PENTHOUSE SUITE CORAL GABLES FL 33134 US

3. Date Incorporated or Qualified
01/17/1992

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

4. FEI Number
65-0325944

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHREIBER, GERHARDT A.
 2222 PONCE DE LEON BLVD
 PENTHOUSE SUITE
 CORAL GABLES FL 33134

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VIDAL JOSEFINA Y.	
1.3 STREET ADDRESS	16 WEST SUNRISE AVE	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33133	
2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VIDAL JOSEPH	
2.3 STREET ADDRESS	16 WEST SUNRISE AVE	
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33133	
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: Joseph VIDAL Date: 4/27/99 Daytime Phone #: 305 6611422

CR2E034 (1/98)