

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90193 018 ***150.00

DOCUMENT # V07507

1. Corporation Name

JONKER NAVIGATION CORP. (USA), INC.



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1992

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS
NAME VIDAL, JOSEFINA Y.
STREET ADDRESS 16 WEST SUNRISE AVE
CITY-ST-ZIP CORAL GABLES FL 33133 ☐ DELETE

TITLE PT
NAME VIDAL, JOSEPH
STREET ADDRESS 16 WEST SUNRISE AVE.
CITY-ST-ZIP CORAL GABLES FL 33133 ☐ DELETE

TITLE V
NAME ZAWADZKI, RODRIGO
STREET ADDRESS 7635 SW 146 CT.
CITY-ST-ZIP MIAMI FL 33183 ☒ DELETE

TITLE AS
NAME VIDAL, VANESSA R.
STREET ADDRESS 16 WEST SUNRISE AVE
CITY-ST-ZIP CORAL GABLES FL 33133 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS ☒ Change ☐ Addition
1.2 NAME VIDAL JOSEFINA Y.
1.3 STREET ADDRESS 16 WEST SUNRISE AVE
1.4 CITY-ST-ZIP CORAL GABLES, FL 33133 ☒ Change ☐ Addition

2.1 TITLE VT
2.2 NAME VIDAL JOSEPH
2.3 STREET ADDRESS 16 WEST SUNRISE AVE
2.4 CITY-ST-ZIP CORAL GABLES, FL 33133 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99
Date

305 6611422
Daytime Phone #

CR2E034 (11/98)