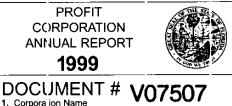
PROFIT CORPORATION ANNUAL REPORT 1999

JONKER NAVIGATION CORP. (USA), INC.

1. Corpora ion Name



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

Principal Place of Business Mailing Address							
7600 RED R()AD #102 SOUTH MIAMI FL 33143		2222 PONCE DE LEON BLVD PENTHOUSE SUITE CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE	
US		US				Date Ir corporated or Qualifed	
						01/17/1992	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				65-0325944 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27				5. Certificate of Status Desired Fee Recuired	
City & State		City & State			6. Electio 1 Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax. Yes No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
0011	nciocn occurrent i			81	Name	}	
SCHREIBER, GERHARDT A. 2222 PONCE DE LEON BLVD				82	Street	t Acdress (P.O. Box Number is Not Acceptable)	
	THOUSE SUITE			83			
COR	AL GABLES FL 33134			84	City	85 Zip Code	
					,	FL S E S E S E S E E S E E	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligati	f Florida. Such change was a	uthonzed	ו עמו	tne como	d corporation submits this statement for the purpose of changing its registered porction's board of cirectors. I hereby accept the appointment as registered	
SIGNATURE							
	Signature, typed or printed name of registered agent			Agen	t signature r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS ANI	DELETE	13.			N Change Addition	
TITLE	VS		1.1 TIT			PS .	
NAME	VIDAL, JOSEFINA Y.		1.2 NA			VIDAL JOSEFINA Y.	
STREET ADDRE 3S	16 WEST SUNRISE AVE		1		ADDRESS	16 WEST SUNRISE AVE	
C/TY-ST-ZIP	CORAL GABLES FL 33133		1.4 CI		-ZIP	CORAL GABLES, FL 331.33	
TITLE	PT	☐ DELETE	2.1 1(1			VT Addition	
NAME	VIDAL, JOSEPH		2.2 NA			VIDAL JOSEPH	
STREET ADDRE 3S	16 WEST SUNRISE AVE.		2.3 ST	REET	ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33133		2. 4 C		T- ZIP	CORAL GABLES, FL 33133 Change Addition	
TITLE	V	Æ DELETE	3.1 TIT	RΕ		Change Addition	
NAME	zawadzki, rodrigo		3.2 NA	ME			
STREET ADDRE 3S	7635 ₂ SW 146 CT.		3.3 ST	REET	ADDRESS	5	
CITY-ST-ZIP	MIAMI FL 33183		3.4. CI		T-ZIP		
TITLE	AS	☐ DELETE	4.1 TiT	ΠE		☐ Change ☐ Addition	
NAME	VIDAL, VANESSA R.		4. 2 N				
STREET ADDRESS	16 WEST SUNRISE AVE		4.3 ST	REET	ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33133		4.4 CI	TY-ST	- ZIP		
TITLE		DELETE	5.1 TIT			☐ Change ☐ Addition	
NAME			5.2 NA				
STREET ADDRE 3S			1		ADDRESS	S	
CITY-ST-ZIP		. <u></u>	5.4 CI		-ZIP		
TITLE		☐ DELETE	6.1 TI			☐ Change ☐ Addition	
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET	ADDRESS	S	
C/TY-ST-ZIP			64 CI	TY-SI	r-ZIP		

14. Thereby 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 is 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 changes, or or an attact ment with an address, with all other like empowered.

SIGNATURE: