

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L19369 (2)

1. Corporation Name

CARGO INTERNATIONAL SERVICES, INC.



Principal Place of Business

2111 NW 79TH AVENUE
MIAMI FL 33122
US

Mailing Address

2509 NW 79TH AVE
MIAMI FL 33122
US

3. Date Incorporated or Qualified
09/28/1989

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 2109 NW 79 AVE

26 2109 NW 79 AVE

4. FEI Number
65-0146633

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

22 City & State

27 City & State

23 MIAMI - FL

28 MIAMI - FL

24 33122 25 USA

29 33122 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRILLI, PETER J. ESQUIRE
100 SOUTH ASHLEY DR.
SUITE 2000
TAMPA FL FL 33602-5348

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 of person named as registered agent in this statement

Signature of person named as registered agent in this statement

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME NEVES, SINDIA G
STREET ADDRESS 7995 SW 86TH ST
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE V
NAME NEVES, ELIANA G
STREET ADDRESS 770 CLAUGHTON ISLAND DR
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE S
NAME NEVES, MARILIA G
STREET ADDRESS 770 CLAUGHTON ISLAND DR
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE S
NAME NEVES, WILSON, JR
STREET ADDRESS 770 CLAUGHTON ISLAND DR
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

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 ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SINDIA G. NEVES

3/25/96 592-9155

CR2E034 (12/95)