

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 19 AM 11:46

DOCUMENT # P93000086743 (0)

1. Corporation Name

NARVEL CARGO SERVICES USA CORP.

Principal Place of Business

Mailing Address

8224 NW 8TH PL  
PLANTATION FL 33324

8224 NW 8TH PL  
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/20/1993  
3a. Date of Last Report 06/09/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0494524

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINEZ, DIDIMO A  
8224 NW 8TH PL  
PLANTATION FL 33324

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 restate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |   |
|-----------------|---|
| TITLE           | D   |
| NAME            | TABLANTE, EFRAIN                          |
| STREET ADDRESS  | AVE LA ARMADA EDIF LUZ MAR PISO 2 OFICINA |
| CITY - ST - ZIP | CATIA LA MAR VENEZUELA                    |
| TITLE           | D   |
| NAME            | MARTINEZ, DIDIMO A                        |
| STREET ADDRESS  | 8224 NW 8TH PL                            |
| CITY - ST - ZIP | PLANTATION FL 33324                       |
| TITLE           | D   |
| NAME            | VILLA, ALFONSO                            |
| STREET ADDRESS  | 8224 NW 8TH PLACE                         |
| CITY - ST - ZIP | PLANTATION FL                             |
| TITLE           |   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           |   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 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 113.07(3)(b), Florida Statutes. I further certify that the information included 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 applicable, on an attached form with an address.

SIGNATURE: *Didimo Martinez* DIDIMO MARTINEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1-13-95 (305) 270-2837  
Date System Used #