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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000041587 (4)

NORAL CARGO INTERNATIONAL, INC.														
Principal Place	Mail	ing Address							OK INGOL ONIOL ROLL					
11463 SW 133ND PLACE MIAMI FL 33186					11463 SW 133ND PLACE MIAMI FL 33186-4324									
										3. Date Incorporated or Qualified 05/31/1994		Date of Last F 122/1996	leport	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number			oplied For	
Suite, Apt. #, etc.					Suite, Apt #, etc.					65-0492804			ot Applicable	
22	#, tota.			<u>├</u> -	27					5. Certificate of Status Desired	X		Additional equired	
City & State	9				City & State					6. Election Campaign Financing \$5.00 May Be				
23					28					Trust Fund Contribution Added to Fees				
Zip	·			<u> </u>				ountry		8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 9. Name and Address of Current Register				rod Anent	[30]				Florida Statutes Yes No 10. Name and Address of New Registered Agent				
QAC.	CIA, CARI			III HOUISIO	TOU AGOIN		81	Name		(U. Hailly BING Additions Of Hear Fre	Alexe an	Agent	 	
	•			82	Carpot A	(DO Bar Number is No. Accordable)		<u></u>						
11483 SW 133ND PLACE Miami Fl. 33186					j*			Street At	ddress (P.O. Box Number is Not Acceptable)			ì		
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							84 Ci			· · · · · · · · · · · · · · · · · · ·		85 Zip	Code	
								" "			FL	_ 1		
11. Pursuant I office or re agent. Lai	to the provis egislered ag m familiar w	sions gent, /ith, a	of Sections 607.050 or both, in the State nd accept the oblic	02 and 607 e of Florida jations of,	7.1508, Florida Statu I. Such change was Section 607.0505, F	ites, the a authorize Iorida Sta	bovi d by tute:	e-named co y the corpo s.	orpo	ration submits this statement for the prints board of directors. I hereby acce	pt the ap	of changing if pointment as	is registered registered	
SIGNATURE														
12.	Signature Typino	d nr pra	ned range of registered ag					ed Agent signature required		when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	O DIRECTOR	20 1/1 22	
TOLE	OFFICERS AND DIF				· · · · · · · · · · · · · · · · · · ·		1 TITLE			ADDITIONS/CHANGES TO OFFIC	ZENO AN	Change	Addition	
NAME	GARCIA	. NO	RMA E		2	1.2 N						<u> </u>		
STREET ADDRESS			33RD PLACE			1.3 S	TAEET	T ADDRESS						
C-TY-SF-ZIP	MIAMI F	L 33	186			1.4 0	ITY - S	ST-ZIP					ĺ	
TITLE	VSD	☐ DELETE	2.1 T	ITLE				***************************************	Change	Addition				
NAME	GARCIA					2.2 N	AME							
STREET ADORESS			33ND PLACE			2.3 S	TREET	T ADDRESS						
CITY - ST - ZIP	MIAMI F	1. 33	186					ST-ZIP						
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STREET ADDRESS						ı.		T ADDRESS						
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NAME					- Otterit	4.1 T	HAME					had printings	hand - Addition	
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Erty-St-Zip								ST-ZIP					!	
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NAME					•	5.2 N		į				-		
STREET ADDRESS						•		T ADDRESS						
City - \$1 - zif								ST-ZIP						
THLE					☐ DELETE	6.1 T				10/2011	·····	Change	☐ Addition	
NAME						6.2 N	IAME							

14. I do hereby certify that the information supplied with this ting does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is firmed 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 receiper or frostee 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 appear with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET AGORESS

CHTY - ST - 7IP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

//8/97 (305)591-289 J

FILED

Apr 25 1997 8:00am

Secretary of State