

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000056991 (9)

1. Corporation Name  
**S & L CARGO, INC.**



Principal Place of Business: **2865 LAKE TOTLO BLVD. KISSIMMEE FL 34746**  
Mailing Address: **2865 LAKE TOTLO BLVD. KISSIMMEE FL 34746**

3. Date Incorporated or Qualified: **07/21/1995**  
3a. Date of Last Report: **N/A**

21	2. Principal Place of Business	2a.	Mailing Address	4.	FBI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-3328847		Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	City & State		<input type="checkbox"/>	
25	Country	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30	Country	30	Country		<input type="checkbox"/>	
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CERVERA, JUAN J  
2865 LAKE TOTLO BLVD.  
KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 **JUAN J. CERVERA**

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>JUAN J. CERVERA</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>2865 LAKE TOTLO BLVD</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>KISSIMMEE, FL 34746</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>JULIA CERVERA</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>2865 LAKE TOTLO BLVD</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>KISSIMMEE, FL 34746</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>700001781427</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>-04/16/96--01015--026</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>***200.00</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

*Juan J. Cervera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/96**  
DATE

DAY, STATE, PHONE #

CR2E034 (12/95)

**4-15-96**  
**JP**