

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000061316 (2)**

1. Corporation Name

EXINCARGO, INC.



Principal Place of Business

**8213 NW 30TH TERRACE
MIAMI FL 33122**

Mailing Address

**8213 NW 30TH TERRACE
MIAMI FL 33122**

3. Date Incorporated or Qualified
07/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. # etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0604762

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

**GONZALEZ, TELL H
8213 NW 30TH TERRACE
MIAMI FL 33122**

10. Name and Address of New Registered Agent

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 registered agent or registered agent in charge of the corporation

Signature of authorized signatory responsible for filing

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GONZALEZ, TELL H | |
| STREET ADDRESS | 11175 SW 70TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GUTIERREZ, ALEJANDRO E | |
| STREET ADDRESS | 8213 NW 30TH TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33122 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TORBAR, ESTEBAN J | |
| STREET ADDRESS | 8213 NW 30TH TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33122 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|------------------------------|--|
| 11 TITLE | D/P | <input checked="" 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 | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | CURIEL, JOSE I | |
| 43 STREET ADDRESS | 9805 NW 52 St. #113 | |
| 44 CITY-ST-ZIP | MIAMI, FL33178 | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | 500001869585 | |
| 54 CITY-ST-ZIP | -06/20/96--01044--042 | |
| | ***200.00 | |
| 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 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
JOSE I. CURIEL

4/26/96

(305) 599-1989

CR2E034 (12/95)

S. J. al