

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

FILED

Mar 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000072540  
1. Corporation Name  
Brokers & Cargo Int'l Business Corp.

Principal Place of Business Mailing Address  
4510 NW 79 Ave # 1-C  
Miami, FL 33166

2. Principal Place of Business 2a. Mailing Address  
21 2624 NW 112 AVE. 26  
22 Suite, Apt. #, etc. 27  
23 City & State 28  
Miami Florida. City & State  
24 33172 25 USA. 29 Zip Country 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
9/19/95 6/20/96  
4. FEI Number Applied For  
65-0608896 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  
Lamorte Michelangelo  
4510 NW 79 Ave # 1-C  
Miami, FL 33166

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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, as required by law, 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 for the corporation, and accept the obligations of Section 607.0505, Florida Statutes.  
SIGNATURE: *Shreyls Camarillo* DATE: 03/04/97

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	Camarillo Nelson	
STREET ADDRESS	4510 NW 79 Ave #1-C	
CITY-STATE-ZIP	Miami, FL 33166	
TITLE	P.	<input checked="" type="checkbox"/> DELETE
NAME	Rincon Yohely	
STREET ADDRESS	4510 NW 79 Ave #1-C	
CITY-STATE-ZIP	Miami, FL 33166	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Camarillo Noreyls	
STREET ADDRESS	4510 NW 79 Ave #1-C	
CITY-STATE-ZIP	Miami, FL 33166	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Lamorte Michelangelo	
STREET ADDRESS	4510 NW 79 Ave #1-C	
CITY-STATE-ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	T. Camarillo Nelson	
1.3 STREET ADDRESS	2624 NW 112 Ave	
1.4 CITY-STATE-ZIP	Miami FL 33172	
2.1 TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Camarillo Noreyls	
2.3 STREET ADDRESS	2624 NW 112 Ave	
2.4 CITY-STATE-ZIP	Miami FL 33172	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lamorte Michelangelo	
3.3 STREET ADDRESS	2624 NW 112 Ave	
3.4 CITY-STATE-ZIP	Miami, FL 33172	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 13-14 changed, or on an attachment with an address.

SIGNATURE: *Shreyls Camarillo* DATE: 03/04/97 (305) 592-3333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

3-12-97