

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V01956** (4)

1. Corporation Name  
**ABOARD CARGO SERVICE, INC.**



Principal Place of Business: 7968 N.W. 66TH STREET MIAMI FL 33166 US  
Mailing Address: 7968 N.W. 66TH STREET MIAMI FL 33166 US

3. Date Incorporated or Qualified: 12/23/1991  
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business: 21 7827 N.W. 15TH Street, Suite, Apt. #, etc. 22  
City & State: 23 Miami, FL  
Zip: 24 33126 Country: 25 Dade  
2a. Mailing Address: 26 7827 N.W. 15TH Street, Suite, Apt. #, etc. 27  
City & State: 28 Miami, FL  
Zip: 29 33126 Country: 30 Dade

4. FEI Number: 65-0304925 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: NELSON, GARRY 801 BRICKELL AVE 9TH FLOOR MIAMI FL 33131  
10. Name and Address of New Registered Agent: 81 Name: Luiz C Silva 82 Street Address (P.O. Box Number is Not Acceptable): 7827 N.W. 15TH Street 83 City: Miami FL 84 Zip Code: 33126

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] DATE: 4/15/96  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	ROZENTZVAIG, CLAUDIO	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1115 SAN PEDRO AVE	MIAMI FL	1.2 NAME:	
CITY-ST-ZIP:		1.3 STREET ADDRESS:	
TITLE: D	SILVA, LUIZ C	1.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 15605 SW 73RD CT	MIAMI FL	2.1 TITLE:	P/S/D
CITY-ST-ZIP:		2.2 NAME:	Silva, Luiz C
TITLE:		2.3 STREET ADDRESS:	7827 N.W. 15TH Street
STREET ADDRESS:		2.4 CITY-ST-ZIP:	Miami, FL 33126
CITY-ST-ZIP:		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
TITLE:		4.4 CITY-ST-ZIP:	
STREET ADDRESS:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:		5.2 NAME:	
TITLE:		5.3 STREET ADDRESS:	
STREET ADDRESS:		5.4 CITY-ST-ZIP:	
CITY-ST-ZIP:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		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: Luiz C Silva [Signature] DATE: 4/15/96 (305) 593-7272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)