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FILED
Apr 10 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 # P95000068044 (3)

1. Corporation Name
CARGO CONCEPTS, INC.

Principal Place of Business

555 HECHSCHER DR
JACKSONVILLE FL 32218
US

Mailing Address

PO BLX 16716
JACKSONVILLE FL 32245
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 P. O. Box 16716

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3360352

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

PRADO, RAFAEL
411 N ROSCOR BLVD
PONTE VEDRA FL 32004

10. Name and Address of New Registered Agent

81 Name Rafael Prado
82 Street Address (P.O. Box Number is Not Acceptable)
510 Morningside Drive
83
84 City Ponte Vedra Beach FL 85 Zip Code 32082

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PRADO, FRANK
STREET ADDRESS 3404 CLIFFORD LANE
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE V ☐ DELETE

NAME PRADO, RATAEL
STREET ADDRESS 411 N ROSCOE BLVD
CITY-ST-ZIP PONTE VEDRA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P D ☒ Change ☐ Addition

1.2 NAME Frank Prado
1.3 STREET ADDRESS 555 Hechscher Drive
1.4 CITY-ST-ZIP Jacksonville, Florida 32218

2.1 TITLE D VP ☒ Change ☐ Addition

2.2 NAME Rafael Prado
2.3 STREET ADDRESS 510 Morningside Drive
2.4 CITY-ST-ZIP Ponte Vedra Beach, Florida 32082

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97

Date

904-744-7400

Daytime Phone #

0513835

CR2E034 (9/96)