

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 250996 (6)

1. Corporation Name
CARGO DEVELOPMENT, INC.



Principal Place of Business: BLDG. C 1003 NW CARGO AREA MIAMI INTERNAT'L AIRPORT. (PO BOX 522462) MIAMI FL 33152
Mailing Address: P.O. BOX 522462 MIAMI FL 33152

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30			

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	09/08/1961		03/06/1995
4.	FBI Number	Applied For	
	59-0940396	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**ZAMORA, MARIO
3200 NW 67 AVE., BLDG C1003
MIAMI FL 33122**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIZAMA, CARLOS	
STREET ADDRESS	3200 NW 67 AVE #C1003	
CITY- ST- ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODIO, ENRIQUE	
STREET ADDRESS	3200 NW 67 AVE #C1003	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMORA, MARIO	
STREET ADDRESS	3200 NW 67TH AVE.	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 of the corporation 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 affidavit.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 8166569

CR2E034 (12/95)