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

PROFIT CORPORATION ANNUAL REPORT

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 349304

(6)

CROWN CARGO SERVICES INC.

Principal Plac	e of Business	Mailing Address								
496 W. 18TH S HIALEAH FL 33	it, Hialeah. Fl 33010 1010	496 W. 18TH ST. HIALEAH. FL 33010 HIALEAH FL 33010-2419								
						3. Date Incorporated or Qualified 07/11/1969		Date of Last Re /17/1996	eport	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
26						59-1292173		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
City & Stat	е	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	Country 25	Zip 29	Countr 30	У			Yes	□ No	199.032,	
	9. Name and Address of Curren	t Registered Agent		-		10. Name and Address of New Re	gistered	Agent		
MEJER, ALVARO L. ESQ. 81 Name					Name					
2600 DOUGLAS RD STE 1111 CORAL GABLES FL 33134			82	2	Street Addre	et Address (P.O. Box Number is Not Acceptable)				
	AL GADELO IL GOTOT		83	3						
			84	1	City		FL	85 Zip (Code	
office or i agent. Fa	to the provisions of Sections 607.050, registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505 Flo	es, the above authorized borida Statute	ve- oy t	named corp the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose on the ap	of changing it pointment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT)	E Registered Ag	geni	I signature requir	ed when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTOR	IS IN 12	
TITLE	ST	DELETE						Change	Additio	
NAME	MENACHO, ALBERTO C.		12 NAME	12 NAME						
STREET ADDRESS	3520 W GLENCOE STREET		13 STREE	T AI	.DDRESS					
CITY - ST - ZIP	COCONUT GROVE FL		14 CITY -	14 CITY - ST - ZIP						
THLE	P	☐ DELETE	2 1 TITLE					Change	Addition	
NAME	ZIGHELBOIM, MOISES		22 NAME							
STREET ADDRESS	6423 COLLINS AV/UNIT 602		2 3 STREET A		.DDRESS	. • •				
CITY-ST-7IP	MIAMI BEACH FL		2 4 CHY-	- ST	- ZIP					
TITLE	V	☐ DELETE	3 1 TITLE					Change	Addition	
NAME	ZIGHELBOIM, CRISTINA		3.2 NAME							
STREET ADDRESS	6423 COLLINS AV/UNIT 602		3.3 STREE	ET AI	CORESS					
CITY - ST - ZIP	MIAMI BEACH FL		3.4. CITY -	_ ST.	- ZIP					
TITLE		DELETE	4 1 TITLE					Change	Addition	

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 it am an officer or director of the corpolation 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 12 if the legal god or on an attachment with an address.

4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

" - " - " A MANACHO

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CONT COL FICH

Change

Change

Addition

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FILED

Feb 18 1997 8:00am

Secretary of State