

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90173 030 ***150.00

DOCUMENT # 367606

1. Corporation Name

AIRCARGO BROKERAGE CO.

Principal Place of Business

2541 NW 72ND AVE.
MIAMI FL 33122
US

Mailing Address

2541 NW 72ND AVE.
MIAMI FL 33122

Note New Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1970

4. FEI Number

59-1301941

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7278 NW 58 Street
Suite, Apt. #, etc.

22 City & State
Miami FL

23 Zip
33166

24 Country

2a. Mailing Address

26 7278 NW 58 Street
Suite, Apt. #, etc.

27 City & State
Miami FL

28 Zip
33166

29 Country

9. Name and Address of Current Registered Agent

SILVERS, BARRY
2541 NW 72ND AVE.
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME SILVERS, BARRY
STREET ADDRESS 1408 S. BAYSHORE DR., APT. 1405
CITY-ST-ZIP MIAMI FL 33131

TITLE D
NAME HENNEGAN, GLENN
STREET ADDRESS 20520 LEEWARD LN.
CITY-ST-ZIP MIAMI FL 33189

TITLE D
NAME SCHWAM, EUGENE
STREET ADDRESS 845 NE 178 ST.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARRY SILVERS 4-15-99 305-592-2670
Date Daytime Phone #

0239484

CR2E034 (11/98)