
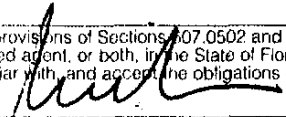


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 22 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 # 457023 (0)			
1. Corporation Name SILVARREY & COLON, CARGO SERVICE, INC.			
Principal Place of Business 6445 N.W. 25TH ST., BLDG. 2121 P.O. BOX 524019 MIAMI FL 33152		Mailing Address 6445 N.W. 25TH ST., BLDG. 2121 P.O. BOX 524019 MIAMI FL 33152-4019	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent SILVARREY, JOSE 12275 S.W. 43RD ST. MIAMI FL FL 33165		10. Name and Address of New Registered Agent	
81 Name Murai Wald Biondo & Moreno, P.A.		82 Street Address (P.O. Box Number is Not Acceptable) 900 Ingraham Building	
83		84 City 25 S.E. 2nd Avenue	
85		86 Zip Code FL 33131	
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 By:  Rene V. Murai (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD		1.1 TITLE PD	
1.2 NAME SILVARREY, JOSE		1.2 NAME Agustin J. Usallan	
1.3 STREET ADDRESS 12275 S.W. 43RD ST.		1.3 STREET ADDRESS c/ Federico Salmon 13	
1.4 CITY - ST - ZIP MIAMI FL		1.4 CITY - ST - ZIP 28016 Madrid, Spain	
2.1 TITLE SD		2.1 TITLE S/T/D	
2.2 NAME COLON, OSVALDO		2.2 NAME Carlos Baron	
2.3 STREET ADDRESS 10711 SW 27TH STREET		2.3 STREET ADDRESS c/ Federico Salmon 13	
2.4 CITY - ST - ZIP MIAMI FL		2.4 CITY - ST - ZIP 28016 Madrid, Spain	
3.1 TITLE 		3.1 TITLE D	
3.2 NAME 		3.2 NAME Pedro Juan Subira	
3.3 STREET ADDRESS 		3.3 STREET ADDRESS c/ Federico Salmon 13	
3.4 CITY - ST - ZIP 		3.4 CITY - ST - ZIP 28016 Madrid, Spain	
4.1 TITLE 		4.1 TITLE D	
4.2 NAME 		4.2 NAME Ignacio Garrido	
4.3 STREET ADDRESS 		4.3 STREET ADDRESS c/ Federico Salmon 13	
4.4 CITY - ST - ZIP 		4.4 CITY - ST - ZIP 28016 Madrid, Spain	
5.1 TITLE 		5.1 TITLE D	
5.2 NAME 		5.2 NAME Jose Maria Ardid	
5.3 STREET ADDRESS 		5.3 STREET ADDRESS 848 Brickell Ave., Suite 1000	
5.4 CITY - ST - ZIP 		5.4 CITY - ST - ZIP Miami, Florida 33131	
6.1 TITLE 		6.1 TITLE D	
6.2 NAME 		6.2 NAME Gonzalo Munoz	
6.3 STREET ADDRESS 		6.3 STREET ADDRESS 848 Brickell Ave., Suite 1000	
6.4 CITY - ST - ZIP 		6.4 CITY - ST - ZIP Miami, Florida 33131	
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: Carlos Baron/Secretary REQUIRED			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)