

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500

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Apr 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morone Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 457023 (0)  
1. Corporation Name  
SILVARREY & COLON, CARGO SERVICE, INC.

Principal Place of Business 6445 N.W. 25TH ST., BLDG 212 P.O. BOX 524019 MIAMI FL 33152	Mailing Address 6445 N.W. 25TH ST., BLDG. 212 P.O. BOX 524019 MIAMI FL 33152
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1850 N. W. 66 Ave Suite, Apt. #, etc. 22 220 City & State 23 Miami, FL Zip 24 33152		2a. Mailing Address 26 Suite, Apt. #, etc. 27 PO Box 8019 City & State 28 Miami, FL Zip 29 33152		3. Date Incorporated or Qualified 07/17/1974	
		4. FEI Number 59-1545636		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MURAI WALD BIONDO & MORENO P.A. 900 INGRAHAM BLDG 25 S.E. 2ND AVE. MIAMI FL 33131		10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 33 Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	USALLAN, AGUSTIN J		
STREET ADDRESS	C/O FEDERICO SALMON 13		
CITY-STATE-ZIP	28016 MADRID SP		
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARON, CARLOS		
STREET ADDRESS	C/O FEDERICO SALMON 13		
CITY-STATE-ZIP	28016 MADRID SP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUBIRA, PEDRO JUAN		
STREET ADDRESS	C/O FEDERICO SALMON 13		
CITY-STATE-ZIP	28016 MADRID SP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRIDO, IGNACIO		
STREET ADDRESS	C/O FEDERICO SALMON 13		
CITY-STATE-ZIP	28016 MADRID SP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARDID, JOSE MARIA		
STREET ADDRESS	848 BRICKELL AVE., STE. 1000		
CITY-STATE-ZIP	MIAMI FL		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNOZ, GONZALO		
STREET ADDRESS	848 BRICKELL AVE., STE. 1000		
CITY-STATE-ZIP	MIAMI FL		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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

02-24-1998

CR2E034 (10/97)