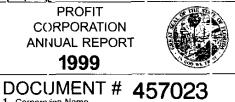
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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



SILVARREY & COLON, CARGO SERVICE, INC.

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90002 009 ***158.75

Principal Place	of Business	Mailing Address							****************
1850 NW 66TH AVE		6445 N.W. 25TH ST., BLDG, 2121							
220		P.O. BOX 524019							
MIAMI FL 3(115)	2	MIAMI FL 33152				DO NOT WRI	TE IN TH S	SPACE	
US						3. Date ir corporated or Qualifed 07/17/1974			
2. Principa Pi	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21	_	26				59-1545636	····		t Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certifcate of Status Desired	×		Additional	
22		27						ecuired	
City & State		City & State			6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the curre	ent year Int		1 -6.
24	25)	29	30			Personal Property Tax.		∐ Yes) ∢ No
	9. Name and Add ess of Current	Registered Agent		T -		10. Name and Address of New R	legistere d	Agent	
\$41.1D	KAI WALD BIONDO & MORENO P	Α.	1	81 N	Name				
		.д.	h.	82 S	Street Ad	dress (P.O. Box Number is Not Accepta	ble)		
	ingraham bldg 5.e. 2nd ave.		L						
			1	83					
MAIM	WI FL 33131			84 (City			85 Zip	Code
			[•	City		FL	. 3 2.5	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	es, the ab	ove-n	amed co	poration submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	ਾਂ Florida. Such change was a	uthorized	by the	е согрога	ation's board of directors. I hereby accep	it the appoi	ntment as re	gisterea
Ü	Trialman with, and accept the obligation	3/10 01, COOLOTT 007.0000, FR	noa otala.						Į.
SIGNATURE									
	Signature, typed or printed nar ie of registered agent	ind title if applicable (NOTE	Registered A	Agent sig	gnature req	u red when reinstating)	DATE		
12.	Signature, typed or printed nar ie of registered agent OFFICERS AND		Registered A	Agent sig	gnature req	u red when reinstating) ADDITIC NS/CHANGES TO OF		ID DIRECTO	DFS IN 12
			 -					ID DIRECTO	DRS IN 12
12.	OFFICERS AND	DIRECTORS	13.	.E		ADDITIC NS/CHANGES TO OF			
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITL 1.2 NAM	.E ME		ADDITIC NS/CHANGES TO OF			
12. TITLE NAME STREET ADDRESS	PD USALLAN, AGUSTIN J C/O FEDERICO SALMON 13	DIRECTORS	13. 1.1 TITL 1.2 NAM 13 STR	.E ME	DORESS C	ADDITIONS/CHANGES TO OF I) Marcenido, Luis /O Federico Salmon 13			
12. TITLE NAME	PD USALLAN, AGUSTIN J C/O FEDERICO SALMON 13 28016 MADRID SP	DIRECTORS	13. 1.1 TITL 1.2 NAM 13 STR	.E ME REET ADI Y-ST-ZI	DDRESS C	ADDITIONS/CHANGES TO OFI D Marcenido, Luis O Federico Salmon 13 8016 Madrid SP			
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MIAMI FL

14. I hereby certify that the information supplied with this filling 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 changes or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: