

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 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90002 009 \*\*\*158.75

DOCUMENT # 457023

1. Corporation Name  
SILVARREY & COLON, CARGO SERVICE, INC.

Principal Place of Business  
1850 NW 66TH AVE  
220  
MIAMI FL 33152  
US

Mailing Address  
6445 N.W. 25TH ST., BLDG. 2121  
P.O. BOX 524019  
MIAMI FL 33152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/17/1974

4. FEI Number  
59-1545636

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURAI WALD BIONDO & MORENO P.A.  
900 INGRAHAM BLDG  
25 S.E. 2ND AVE.  
MIAMI FL 33131

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 (NOT)

Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME USALLAN, AGUSTIN J  
STREET ADDRESS C/O FEDERICO SALMON 13  
CITY-ST-ZIP 28016 MADRID SP

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Marcenido, Luis  
1.3 STREET ADDRESS C/O Federico Salmon 13  
1.4 CITY-ST-ZIP 28016 Madrid SP

TITLE STD ☐ DELETE  
NAME BARON, CARLOS  
STREET ADDRESS C/O FEDERICO SALMON 13  
CITY-ST-ZIP 28016 MADRID SP

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME Bluth, Peter  
2.3 STREET ADDRESS C/O Globe Ground  
2.4 CITY-ST-ZIP Miami, Florida

TITLE D ☐ DELETE  
NAME SUBIRA, PEDRO JUAN  
STREET ADDRESS C/O FEDERICO SALMON 13  
CITY-ST-ZIP 28016 MADRID SP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME GARRIDO, IGNACIO  
STREET ADDRESS C/O FEDERICO SALMON 13  
CITY-ST-ZIP 28016 MADRID SP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ARDID, JOSE MARIA  
STREET ADDRESS 848 BRICKELL AVE., STE. 1000  
CITY-ST-ZIP MIAMI FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MUNOZ, GONZALO  
STREET ADDRESS 848 BRICKELL AVE., STE. 1000  
CITY-ST-ZIP MIAMI FL

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:

*Jose M. Ardid* Chief Financial Officer 4-23-99 (305) 571-8434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

0222893