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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

IDEAL CARGO SERVICES, INC.

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 18 8 10 1 4 118 1 18 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E: 91611 01011	81817 B/S17 WI) B	
2050 NW 83RD AVE. 2050 NW 83RD AVE.										
MIAMI FL 331	72	MIAMI FL 33172			DO NOT WRITE IN THIS SPACE					
İ						3. Date Incorporated or Qualified				1
						09/06/1978				
	ace of Business	2a. Mailing Addr	ess			4. FEI Number			pplied For]
21		26				59-1841813			ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be				Ì
23		28			Trust Fund Contribution Added to Fees				4	
Zip Country		Ζφ				8. This corporation owes or has paid the current year Intangible				
24 25 25 21 21 25 26 26 26 26 26 26 26 26 26 26 26 26 26		29	d Agent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				-
		it Hadietelen wähit	· · · · · · · · · · · · · · · · · · ·	81	Name	IV. Name and Address of New No.	Aistal on 1	- You		1
1	DRAZA, MARIA CRISTINA 70 S.W. 139TH COURT									_
	MI FL 33175			82	Street Addr	Iress (P.O. Box Number is Not Acceptable)				
				83						
		_		84	,		FL	11	Code	1
11. Pursuant to	to the provisions of Sections 607.050 egistered egent, or both, in the State	2 apch607.1500, Florid	la Statutes, the	abov	e-named corp the corporati	poration submits this statement for the prion's board of directors. I hereby accept the control of the control	ourpose of	changing i	its registered registered	1
agent. 1 a	m familiar with fand accept the obliga	ations of, Section 607.	0505, Florida S	Statute	S	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	205	3-31	.aa	
I SIGNATURE	Signature, typed or printed name of registered age		/ 1		1	CRISTINA PEDRASA, PI	DATE	J - J1	-10	_
12.	OFFICERS ANI			3.	ani organicana reciona	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	9
TITLE	TS	☐ DE	LETE 1	.1 TITLE	· · · · · · · · · · · · · · · · · · ·			Change	☐ Addition	CR2E034 (10/97
NAME	CRUZ, MARIA E		1.	2 NAME						¥
STREET ADDRESS	2071 S.W. 139TH CT.		1.	.3 STREET	ADDRESS					땁
CITY-ST-ZIP	MIAMI FL			4 CITY-S	ST-ZIP					R
TITLE	P	☐ DE	LETE 2.	.1 TITLE				Change	Addition	0
NAME	PEDRAZA, MARIA CRISTINA		2.	.2 NAME						1
STREET ADDRESS	2070 S.W. 139TH COURT		2.	.3 STREET	ADDRESS					1
CITY-ST-ZIP	MIAMI, FL 00000			4 CITY-	ST-ZIP					4
TITLE		□ DE	- ·	.1 TITLE				Change	Addition	
NAME				.2 NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		□ DE		4. CITY - 1	ST-ZIP			Change	Addition	1
TITLE		□ 0t		.1 TITLE	1			Crianige		
NAME				. 2 NAME						
STREET ADDRESS					ADDRESS					
CRY-ST-ZIP TITLE		☐ DE		4 CITY - S .1 TITLE	51 - ZIP			Change	☐ Additic	37
NAME		D		.2 NAME						
STREET ADDRESS					ADDRESS				, J	n'A-
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CITY-ST-ZIP		□ DE		.4 CITY - S .1 Title	or-zir	 		Change	∏Ar ≸	
NAME					1				_	
1			2 4	2 NAME	i				,	
STREET ADDRESS				.2 NAME 3 STREFT	ADDRESS				ş [£]	

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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 change from an attachment with in pladdress.

SIGNATURE:

3-31-98

(305) 592-8345