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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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****225.00 ****225.00**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000000836 (7) 1. Corporation Name CONTROL CARGO SERVICE LTD., CORPORATION			
Principal Place of Business 9270 NW 100TH STREET MEDLEY FL 33178		Mailing Address 9270 NW 100TH STREET MEDLEY FL 33178	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent HOUGH, ROBERT 9270 NW 100TH STREET MEDLEY FL 33178			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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 607.0502, Florida Statutes. SIGNATURE <i>Robert Hough</i> (NOTE: Registered Agent signature required when registering) DATE <i>7/30/95</i>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PC HOUGH, ROBERT 10757 CLEARY BLVD. PLANTATION FL 33324		1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ST HOUGH, PIA 10757 CLEARY BLVD. PLANTATION FL 33324		2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP ☐ Change ☐ Addition	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 no address.			
SIGNATURE: <i>Robert Hough</i> DATE: <i>7/30/95</i>			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature #