

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUL 25 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002012 (3)

1. Corporation Name

LADECO CARGO, S.A.

Principal Place of Business

3405-B NW 72 AVE.
MIAMI FL 33122

Mailing Address

3405-B NW 72 AVE.
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/23/1993

3a. Date of Last Report
09/30/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
52-1815922

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD INC.
201 ALHAMBRA CIRCLE
#1102
CORAL GABLES FL 33134

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 his or her signature)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (SEE INSTRUCTIONS)

TITLE	P
NAME	UGALDE, GASTON CUMMINS
STREET ADDRESS	3L TRANQUE 12447, LAS DEHESA
CITY - ST - ZIP	SANTIAGO, CHILE
TITLE	VP
NAME	GONZALEZ, MARIANO M
STREET ADDRESS	LOS ACANTOS 1150 DEPTO 203 VITACURA
CITY - ST - ZIP	SANTIAGO, CHILE
TITLE	GM
NAME	VIMO, C. RONALD
STREET ADDRESS	13125 SW 104TH TERRACE
CITY - ST - ZIP	MIAMI FL 33186
TITLE	FMS
NAME	DAROCH, ANDRES
STREET ADDRESS	13512 SW 108TH ST.
CITY - ST - ZIP	MIAMI FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	DROPPELMANN, JAIME	
1.3 STREET ADDRESS	AMERICO VESTUCIO 80, 8th FLOOR	
1.4 CITY - ST - ZIP	SANTIAGO, CHILE	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	GHIRARDELLI, GIANFRANCO	
2.3 STREET ADDRESS	ALAMEDA 107	
2.4 CITY - ST - ZIP	SANTIAGO, CHILE	
3.1 TITLE	GM - CORP.	☒ Change ☐ Addition
3.2 NAME	DAROCH, ANDRES F.	
3.3 STREET ADDRESS	J. DE MORALES 4758, LC	
3.4 CITY - ST - ZIP	SANTIAGO, CHILE	
4.1 TITLE	GM - USA	☒ Change ☐ Addition
4.2 NAME	SILVA, JAIME A.	
4.3 STREET ADDRESS	10503 SW 133 PL	
4.4 CITY - ST - ZIP	MIAMI, FL 33186	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 an address.

SIGNATURE:

ANDRES F. DAROCH

6/20/95

305-594-0357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number