

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002772 (0)

1. Corporation Name

INTERAMERICANA DE CARGA, P.S.M., C.A.

Principal Place of Business

3153 SW 24TH TERRACE
MIAMI FL 33145

Mailing Address

PO BOX 591066
MIAMI FL 33159-1066

3. Date Incorporated or Qualified 06/08/1995
3a. Date of Last Report 04/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0075319	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

PONTE, HECTOR M
3153 SW 24TH TERRACE
MIAMI FL 33145

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, JOSE FRANCISCO S	1.2 NAME	
STREET ADDRESS	ZONA DE CARGA BLDG #1, PO BOX 107	1.3 STREET ADDRESS	
CITY-ST-ZIP	CATIA LA MAR VENEZUELA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, ORALIS M.M.	2.2 NAME	
STREET ADDRESS	ZONA DE CARGA BLDG #1, PO BOX 107	2.3 STREET ADDRESS	
CITY-ST-ZIP	CATIA LA MAR VENEZUELA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, IGOR	3.2 NAME	
STREET ADDRESS	AVE. ATALNTIDA ENTRE 6TA+7MA	3.3 STREET ADDRESS	
CITY-ST-ZIP	CATIA LA MAR VENEZUELA	3.4 CITY-ST-ZIP	
TITLE	M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONTE, HECTOR M	4.2 NAME	
STREET ADDRESS	3153 SW 24TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE

4-14-97

365-871-3116

CR2E034 (9/96)