

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G08903** (8)
1. Corporation Name
TRAVERIA'S CARGO, INC.



Principal Place of Business: % LUIS F. TRAVERIA, 1621 SW 15TH ST, MIAMI FL 33145
Mailing Address: % LUIS F. TRAVERIA, 1621 SW 15TH ST, MIAMI FL 33145

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
g. Name and Address of Current Registered Agent: 30

3. Date Incorporated or Qualified: 11/16/1982
3a. Date of Last Report: 04/03/1995
4. FE Number: 59-2262935
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [checked] No
10. Name and Address of New Registered Agent

TRAVERIA, LUIS F.
1621 SW 15TH ST
MIAMI FL 33145

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 607.0602 and 607.1516, Florida Statutes, the above named corporation warrants 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 corporate body's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: [Signature] Date: [Date]

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> DELETE |
| NAME | TRAVERIA, LUIS F. | |
| STREET ADDRESS | 1621 SW 15TH ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | INSUA, CARIDAD | |
| STREET ADDRESS | 3371 SW 17TH ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE | |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

CARIDAD T. GONZALEZ
1621 S.W. 15 ST.
MIAMI, FL

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not omit, for the exemption stated in Section 119.071(6)(a), Florida Statutes. I further certify that the information filed on this report is true and correct 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 a partner or trustee or employee of the corporation; and that my name appears in Block 12 or Block 13 if change of, or of, registration with an address.

SIGNATURE: [Signature] LUIS TRAVERIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96 856-7229

CR2E034 (12/95)