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PROFIT CORPORATION ANNUAL REPORT ×1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G08903**

1. Corporation Name

TRAVERIA'S CARGO, INC.

pal Place of Business	Mailing Addre

FILED Jan 22, 1999 8:00am Secretary of State 01-22-1999 90069 011 ***150.00



Principal Pla	ce of Business	Mailing Address			J					
% LUIS F. TR	AVFRIA	% Luis F. Traveria								
1621 SW 15TI		1621 SW 15TH ST								
MIAMI FL 331		MIAMI FL 33145				D	O NOT WR	TE IN T	HIS SPACE	
	,	With the Court			3	Date Incorporated	Los Qualifod	`		
ł	•				- 1		or Quanted			ł
<u></u>						<u>11/16/1982</u>				
2. Principal I	Place of Business	2a. Mailing Address			4.	FEI Number			Ar	pplied For
21		26				59-2262935			I.N	ot Applicable
Suite, Apt	t # etc	Suite, Apt. #, etc.			 -	OO EEOEOOO				Additional
	, 5.65.	├ ──			5,	Certificate of Statu	s Desired			equired
22		27				<u> </u>				equired
City & Sta	nte .	City & State			6.	Election Campaig	n Financing	П	\$5.00	May Be
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Zip	Country	Zip	Country		9	This corporation of	was the sur	oot voor	Intendible	
·— ·	r		30			Personal Property		enii year	∏ Yes	□No
24	25		30							
	9. Name and Address of C	Jurrent Registered Agent	—— }		10.	Name and Addre	SS Of New I	tegister	ed Agent	
_ <u>.</u> _			81	Name						ļ
)TR/	Veria. Luis f.		<u> </u>	04		0.0	A1:4 A :			
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office of	t to the provisions of Sections bu	07.0502 and 607.1508, Florida Statute State of Florida. Such change was au obligations of, Section 607.0505, Flori	s, the above	-named corp	on's bos	submits this state	ment for the	purpose	or changing its	s registered
	rogistatod agent, or boar, in the	Ciald of Florida. Cook offango fras ad						pt 1,10 up	politations do lo	giolorou
agent I	am familiar with, and accept the (obligations of, Section 607.0505, Flori	da Statutes.				. '			
		obligations of, Section 607.0505, Flori	da Statutes.	·						
signature										
SIGNATURE	Signature, typed or printed name of register	ared agent and title if applicable. (NOTE:	Registered Agen		ed when re	instating)		DATE		
SIGNATURE	Signature, typed or printed name of register	rred agent and title if applicable. (NOTE: I	Registered Agent		ed when re			DATE	AND DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of register OFFICER	ared agent and title if applicable. (NOTE:	Registered Agen		ed when re	instating)		DATE		
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14. I hereby certify that the information supplied with this filing dees 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 of 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 chapted of the product of the receiver of trustee empowered.

SIGNATURE:

305) 856 7229