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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K64549

1. Corporation Name

Principal Place of Business

SUPER CARGO INTERNATIONAL SERVICES, INC.

8225 NW 30TH TERRACE MIAMI FL 33122 US		8225 NW 30TH TERRACE MIAMI FL 33122 US			3.	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  02/06/1989					
2. Principal Pl	ace of Business	2a. Mailing Address	<del>-</del>			FEI Number			<u> </u>	ed For	
21		26				65-0100137		60.7		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>–</b>			Certifcate of Status Desired		,	<b>D</b> Ade Requ	ditional iired	
City & State			City & State		6	Election Campaign Financing		\$5.	00 м	av Be	
23		28				Trust Fund Contribution	' <sup></sup>	•	led to	•	
Zip	Country Zip Cou			8. This corporation owes the current year Intangible Personal Property Tax. Yes No							
24	9. Name and Address of Current		<u> </u>			Name and Address of New					
	9. Name and Address of Current	registered Agent	81	Nan		112110				<del></del> .	
GIRALDO, GUILLERMO			82	Stre	et Address (P	P.O. Box Number is Not Accep	table)				
8225 NW 30TH TERRACE MIAMI FL 33122				Į							
MIAN	III T L 33 122		83								
			84	City			FL	85	Žip Co	de	
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: R	egistered Ager	nt signati	re required when	reinstating)	DATE				
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO O	FFICERS ANI	DIRE	CTOR	S IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE					☐ Char	nge	Addition	
NAME	GIRALDO, GUILLERMO		1.2 NAME								
STREET ADDRESS	8225 NW 30TH TERRACE		1.3 STREET	T ADDRE	SS						
CITY-ST-ZIP	MIAMI FL		1.4 CITY-\$	T- ZIP							
TITLE	0	☐ DELETE	2.1 TITLE					☐ Cha	nge	Addition	
NAME	LIGIA, GIRALDO		2.2 NAME								
STREET ADDRESS	8225 NW 30TH TERRACE		2.3 STREET	T ADDRE	ss						
C/TY-ST-ZIP	MIAMI FL		2. 4 CITY- S	ST-ZIP							
TITLE		☐ DELETE	3.1 TITLE					Cha	nge	☐ Addition	
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREE	T ADDRE	:SS						
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE					Cha	nge	☐ Addition	
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET	TADDRE	:ss						
CITY-ST-ZIP			4.4 CiTY-S	T-ZIP							
TITLE		DELETE	5.1 TITLE					☐ Cha	nge	Addition Addition	
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREE	T ADDRE	ss						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				. <u></u>			
TITLE		☐ DELETE	6.1 TITLE					☐ Cha	nge	☐ Addition	
NAME			6.2 NAME								
STREET ADDRESS		//	6.3 STREE	T ADDRE	:SS						
CITY-ST-ZIP			6.4 CITY-S	T-ZIP							

CITY-ST-ZIP 14. I hereby certify that the information supplies 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 fining a 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 tockliver 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, with all other like empowered.

SIGNATURE:

Y Reresident

March 10, 1999 (305) 863-6611

Daytime Phone #