

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90072 008 ***150.00

DOCUMENT # L16774

1. Corporation Name
CARGO SERVICES, INC.

Principal Place of Business

9590 NW 40TH STREET ROAD
MIAMI FL 33178
US

Mailing Address

9590 NW 40TH STREET ROAD
MIAMI FL 33178
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1989

4. FEI Number

65-0169615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1601 N.W. 70th AVENUE

2a. Mailing Address

26 P.O. BOX 59-3515

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

24 33126

Country

25 U.S.A.

Zip

29 33159

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

BOOTH, ROBERT E.
9590 NW 40TH STREET ROAD
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name BOOTH, ROBERT E. (New address)

82 Street Address (P.O. Box Number is Not Acceptable)
12901 DEVA STREET

83

84 City MIAMI

FL

85 Zip Code 33156

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

TITLE D ☐ DELETE
NAME BOOTH, ROBERT E.
STREET ADDRESS 8321 SW 184 TERR
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE
NAME RAYGADA, MONICA H
STREET ADDRESS 8835 SW 134 CT
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME BOOTH, ROBERT E.
1.3 STREET ADDRESS 12901 Deva Street
1.4 CITY-ST-ZIP Miami, FL. 33156

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: Robert E. Booth

04/05/99

(305) 599-9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0273373