


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	
DOCUMENT # L62807 (7) 1. Corporation Name CONTINENTAL TRANS CARGO, INC.			
Principal Place of Business 7421 N.W. 54TH ST. MIAMI FL 33166		Mailing Address 7421 N.W. 54TH ST. MIAMI FL 33166-4810	
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;">21</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">22</div> City & State <div style="border: 1px solid black; padding: 2px;">23</div> Zip <div style="border: 1px solid black; padding: 2px;">24</div> Country <div style="border: 1px solid black; padding: 2px;">25</div>		2a. Mailing Address <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">27</div> City & State <div style="border: 1px solid black; padding: 2px;">28</div> Zip <div style="border: 1px solid black; padding: 2px;">29</div> Country <div style="border: 1px solid black; padding: 2px;">30</div>	
9. Name and Address of Current Registered Agent			
SALAZAR, MARIA EUGENIA 7421 N.W. 54TH ST. MIAMI FL 33166			<div style="border: 1px solid black; padding: 2px;">81</div> Name <div style="border: 1px solid black; padding: 2px;">82</div> Street Address <div style="border: 1px solid black; padding: 2px;">83</div> <div style="border: 1px solid black; padding: 2px;">84</div> City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is a corporation organized under the laws of the State of Florida. Such change was authorized by the corporation's board of directors, and I, the undersigned, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature of officer or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SALAZAR, MARIA EUGENIA		1.1 TITLE
STREET ADDRESS	10852 N KENDALL DR, A-301		1.2 NAME
CITY - ST - ZIP	MIAMI FL		1.3 STREET ADDRESS
			1.4 CITY - ST - ZIP
TITLE	P	<input type="checkbox"/> DELETE	
NAME	SALAZAR, MARIA EUGENIA		2.1 TITLE
STREET ADDRESS	401 69 ST. NO. 12L		2.2 NAME
CITY - ST - ZIP	MIAMI BEACH FL		2.3 STREET ADDRESS
			2.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	
NAME			3.1 TITLE
STREET ADDRESS			3.2 NAME
CITY - ST - ZIP			3.3 STREET ADDRESS
			3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	
NAME			4.1 TITLE
STREET ADDRESS			4.2 NAME
CITY - ST - ZIP			4.3 STREET ADDRESS
			4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	
NAME			5.1 TITLE
STREET ADDRESS			5.2 NAME
CITY - ST - ZIP			5.3 STREET ADDRESS
			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	
NAME			6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY - ST - ZIP			6.3 STREET ADDRESS
			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 the instructions to this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: SIGNATURE REQUIRED			



CR2E034 (9/96)