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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L63436

1. Corporation Name

LATIN AMERICAN CARGO SERVICE CORPORATION

Principal Place of Business Mailing Address HORACIO E. GARRIDO 8249 NW 66 ST MIAMI FL 33166-2721 MIAMI FL 33166-2721 DO NOT WRITE-IN THIS SPACE 3. Date Incorporated or Qualified 04/09/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0214582 Not Applied For Not Applicable Suite, Apt. #, etc. 27 City & State City & State City & State Zip Country Applied For 5. Cartifcate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible										
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Sulle, Apl. #, etc. 27	—	lace of Business	⊢¬	Mailing Address				1		
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City & State 28 28 28 28 29 20 20 20 20 20 20 20	~~~)	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certifcate of Status Desired		
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Zip Country Zip Country Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax	<u> </u>	e	20	Only a orace				, , , , , , , , , , , , , , , , , , , ,		
28		Country	201	Zip	Cou	ntrv				
S. Name and Address of Current Registered Agent 19. Name and Address of New Registered Agent			20					•		JNo ↓
LEANO, JAVIER 8249 NW 66 ST MIAMI FL 33166 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 94 City FL 85 Zip Code 95 Zip Code 96 Change of Changing its registered agent. I am familiar with, and accept the obligations of, Section 697.0505, Florida Statutes. 96 Signature Signature, typed or printed name of registered agent and the Visipations of, Section 697.0505, Florida Statutes. 97 Signature Signature, typed or printed name of registered agent and the Visipations of, Section 697.0505, Florida Statutes. 98 Signature, typed or printed name of registered agent and the Visipations of, Section 697.0505, Florida Statutes. 99 Signature, typed or printed name of registered agent and the Visipations of, Section 697.0505, Florida Statutes. 90 Signature, typed or printed name of registered agent and the Visipations of, Section 697.0505, Florida Statutes. 90 Signature, typed or printed name of registered agent and the Visipations of, Section 697.0505, Florida Statutes. 90 Signature, typed or printed name of registered agent and the Visipations of, Section 697.0505, Florida Statutes. 91 Signature, typed or printed agent and the Visipations of, Section 697.0505, Florida Statutes. 91 Signature, typed or printed agent and the Visipations of Section 697.0505, Florida Statutes. 91 Signature, typed or printed agent and the Visipations of, Section 697.0505, Florida Statutes. 92 Signature required agent and the Visipations of Section 697.0505, Florida Statutes. 93 Signature required agent and of directors, 1 hereby accept the appointment as registered agent agent agent and of directors, 1 hereby accept the appointment as registered agent agent agent agent and of Interest agent and of Interest agent age	24				30				ed Agent	
8249 NW 66 ST MIAMI FL 33166 82 Sirvet Address (P.O. Box Number is Not Acceptable) 83						81	Name			
MIAMI FL 33166 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1509. Florids Statutes. the above-named corporation submits this statement for the purpose of changing like registered office or registered agent, or both, in the State of Florids, Sich change was authorized by the corporation's board of directors, I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607.055, Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D CFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME LEANO, JAVIER STREET ADDRESS CITY-ST-ZP MIAMI FL DELETE 11. TITLE DELETE 12. TITLE DELETE 13. TITLE DELETE 14. TITLE DELETE 21. TITLE DELETE 21. TITLE DELETE 22. NAME 22. STREET ADDRESS CITY-ST-ZP TITLE DELETE 33. STREET ADDRESS CITY-ST-ZP MIAMI FL 14. CITY-ST-ZP Addition Change Addition Addition NAME 12. NAME 33. STREET ADDRESS CITY-ST-ZP Addition Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANG						-	Otro of Astron	(D.C. Day Nyashar is Not Assessable)		\longrightarrow
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 office or registered agent and raminal ramin	8249	9 NW 66 ST		•		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
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6.4 CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with this fing 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 of true true true true 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.