

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -7 AM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L72525** (3)

1. Corporation Name
CENTRAL CARGO CORPORATION

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| % AURELIO ESTRADA 5459 NW 72ND AVE MIAMI FL 33166 | % AURELIO ESTRADA 5459 NW 72ND AVE MIAMI FL 33166 |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/10/1990 | 3a. Date of Last Report 02/25/1994 |
|--|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Zip |
| 24 | 29 |
| Country | Country |
| 25 | 30 |

| | |
|------------------------------------|-------------------------------|
| 4. FBI Number 65-0326821 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | | |
|--|--------------------------|---------------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESTRADA, AURELIO
5459 NW 72ND AVE
MIAMI FL 33166**

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| FL 85 Zip Code |

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 based on performance of registered agent and the corporation

NAME Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|---|
| TITLE | NAME | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D | ESTRADA, AURELIO | 12 NAME | |
| | 14460 KENDALE BLVD | 13 STREET ADDRESS | |
| | MIAMI FL | 14 CITY ST ZIP | |
| | | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 22 NAME | |
| | | 23 STREET ADDRESS | |
| | | 24 CITY ST ZIP | |
| | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 32 NAME | |
| | | 33 STREET ADDRESS | |
| | | 34 CITY ST ZIP | |
| | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 42 NAME | |
| | | 43 STREET ADDRESS | |
| | | 44 CITY ST ZIP | |
| | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 52 NAME | |
| | | 53 STREET ADDRESS | |
| | | 54 CITY ST ZIP | |
| | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 62 NAME | |
| | | 63 STREET ADDRESS | |
| | | 64 CITY ST ZIP | |

14. I do hereby certify that the information required with this filing is verifiably true and correct and that I am qualified for the description stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information included on this annual report or biennial 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 Secretary of the corporation and 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 any of the blocks with my address.

SIGNATURE:

Aurelio Estrada
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3-28-95

305/885-0252