FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:04

DOCUMENT # **L95899** **(5)**

1. Corporation Name
DELTA CARGO CORPORATION

Principal Place of Business	Mailing Address
1866 NW 82 AVE MIAMI FL 33126 US	1866 NW 82 AVE MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/27/1990
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 1450 NW 82 AV	26 1450 NW 82 AV
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FL	28 City & State: MIAMI, FL
24 Zip: 33126 25 Country: USA	29 Zip: 33126 30 Country: USA

4. FEI Number: 65-0211415 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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
ROMAN, NORBERTO 1865 BRICKELL AVE #A914 MIAMI FL 33129	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	STEIN, JORGE E	1.2 NAME		
STREET ADDRESS	1865 BRICKELL AVE #A913	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	PVSD	2.1 TITLE	PDS	☒ Change ☐ Addition
NAME	ROMAN, NORBERTO	2.2 NAME		
STREET ADDRESS	1865 BRICKELL AVE #A914	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	VDT	3.1 TITLE	VDT	☐ Change ☒ Addition
NAME	ENRIQUE MILLOD	3.2 NAME	ENRIQUE MILLOD	
STREET ADDRESS	1450 NW 82 AV	3.3 STREET ADDRESS	1450 NW 82 AV	
CITY-ST-ZIP	MIAMI, FL 33126	3.4 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, added or deleted.

SIGNATURE: _____ Date (305) 477-1142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

0183660 CP