## File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

## FILED My/20

98 APR 17 AM 11:35

SECRETARY OF STATE TALLAHASSEE FLORIDA

TRANS-WELLER CARGO, L.C. 11091 NW 27TH ST., STE. 211 MIAMI FL 33172								1a. Principal Place of Business Address  11091 NW 27TH ST., STE. 211 MIAMI FL 33172					
2. Principal Place of Business 2a. Maili			ing Address				3. Date Organized or Qualified			3a. State of Formation			
Suite, Apt. #, etc. Suite,			Sulte, Apt	pl. #, etc.				01/0: 4. FEI Nur	1 / 1 mber	997	FL	Applied For	
City & State			City & State				65-0716175					Not Applicable	
Zip Country			Zip Countr			try	5. Date of Last Repo			leport	8. Certificate of Status Desired  \$8.75 Additional Fee Required		
7. Name and Address of Current Registered				Agent 8				ame and Ar	ddraac	of New Pegie	tered Acent/Office		
11 Hame and Manage at agreem trafferman Gatt							Name and Address of New Registered Agent/Office  Name						
ANTON, EDUARDO 1385 CORAL WAY, STE. 406 MIAMI FL 33145  9. Pursuant to the provisions of Sections 608.416 and 608.508,				Fiorida Statut	City						2/9801103009 197.50 ****197.50 Zip Code		
Its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointme as registered agent, and accept the obligations.													
SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent sign						Ure required when reinstating)							
10. Title Managing Members/Managers				Business Street Address						City	, State and Zip Code		
	. <del> </del>			11001			•					zip code	
MGR	U.S.G.	MARKETING I	رن.د	11091	ИW	2 / TH	ST.,	STE.	21	IMAIM	FL		
MGR	ERVITI	, ALBERTO		11091	NW	27ТН	ST.,	STE.	21	MIAMI	FL		

11. Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Rafael Rodriguez AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER 3/11/98 (305-593-2266