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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M07360

1. Corporation Name

IMPERIAL CARGO SERVICE, INC.

6922 NW 46 ST. MIAMI FL 33166  DO  3. Date incorporated of 11/02/1984  2. Principal Place of Business 24. Mailing Address 25. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 27. City & State Country Country Cip Country Coun	Desired  Financing  Ition  es the current year  ax.	\$8.75 A Fee Re \$5.00 Added to	quired May Be
2. Principal Place of Business  3. Date Incorporated of 11/02/1984  4. FEI Number  5. Principal Place of Business  5. Certificate of Status  5. Certificate of Status  City & State  Trust Fund Contribut  2. Principal Place of Business  5. Certificate of Status  City & State  City & State  City & State  City & State  7. Country  8. This corporation ow Personal Property T  9. Name and Address of Current Registered Agent  REGISTERED AGENT SERVICES CO.  444 BRICKELL AVE.	Desired  Financing  tion  es the current year	\$8.75 A Fee Re \$5.00 Added to	t Applicable additional quired May Be o Fees
3. Date Incorporated of 11/02/1984  2. Principal Place of Business 26 Suite, Apt. #, etc. 59-2461876 Suite, Apt. #, etc. 51 City & State Country Coun	Desired  Financing  tion  es the current year	\$8.75 A Fee Re \$5.00 Added to	t Applicable additional quired May Be o Fees
11/02/1984   2. Principal Place of Business   2a. Mailing Address   4. FEI Number   59-2461876	Desired  Financing  Ition  es the current year  ax.	\$8.75 A Fee Re \$5.00 Added to	t Applicable additional quired May Be o Fees
2. Principal Place of Business  2a. Mailing Address  25	Financing [] Ition es the current year ax.	\$8.75 A Fee Re \$5.00 Added to	t Applicable additional quired May Be o Fees
26 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Since Country  Since Country  REGISTERED AGENT SERVICES CO.  444 BRICKELL AVE.  Suite, Apt. #, etc.  City & State  Country  Since Countr	Financing [] Ition es the current year ax.	\$8.75 A Fee Re \$5.00 Added to	t Applicable additional quired May Be o Fees
Suite, Apt. #, etc.  22 City & State Country Sip Country Sip Country Sign Country S	Financing [] Ition es the current year ax.	\$8.75 A Fee Re  \$5.00 Added to Intangible  Yes	dditional quired May Be o Fees
22	Financing [] Ition es the current year ax.	Fee Rea \$5.00 Added to Intangible □ Yes	quired May Be o Fees
City & State  City & State  28  City & State  28  City & State  28  Country  Zip  Country  Zip  Country  29  30  Personal Property T  9. Name and Address of Current Registered Agent  REGISTERED AGENT SERVICES CO.  444 BRICKELL AVE.  City & State  City & State  5. Election Campaign  Trust Fund Contribut  8. This corporation ow Personal Property T  10. Name and Address  81 Name  82 Street Address (P.O. Box Number is N	es the current year ax.	\$5.00 Added to	May Be o Fees
23 Zip Country Zip Country 30 REGISTERED AGENT SERVICES CO. 444 BRICKELL AVE.  Trust Fund Contribution on Personal Property T 30 Personal Property T 10. Name and Address of Current Registered Agent 81 Name REGISTERED AGENT SERVICES CO. 82 Street Address (P.O. Box Number is Name Registered Agent 82 Street Address (P.O. Box Number is Name Registered Agent 84 BRICKELL AVE.	es the current year ax.	Added to Intangible  Yes	o Fees
Zip Country Zip Country 8. This corporation ow Personal Property T  9. Name and Address of Current Registered Agent 10. Name and Address  REGISTERED AGENT SERVICES CO. 444 BRICKELL AVE. 82 Street Address (P.O. Box Number is N	es the current year ax.	Intangible Yes	10, 11
24 25 29 30 Personal Property T  9. Name and Address of Current Registered Agent  REGISTERED AGENT SERVICES CO. 444 BRICKELL AVE.  81 Name  82 Street Address (P.O. Box Number is N	ах	☐ Yes	□No
9. Name and Address of Current Registered Agent  10. Name and Address  81 Name  REGISTERED AGENT SERVICES CO. 444 BRICKELL AVE.  82 Street Address (P.O. Box Number is N			∐No
REGISTERED AGENT SERVICES CO. 444 BRICKELL AVE.  81 Name  82 Street Address (P.O. Box Number is N	s of New Register	ed Agent	
REGISTERED AGENT SERVICES CO. 444 BRICKELL AVE.  82 Street Address (P.O. Box Number is N	_		
444 BRICKELL AVE.			
444 BHICKELL AVE.	lot Acceptable)		
SUITE 200	,,		
MIAMI FL 33131			No. 1
84 City	F	L 85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statem	ent 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 he agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	reby accept the ap	pointment as reg	jisterea
SIGNATURE			<u>_</u> _
Signature, typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE	AND DIDECTO	DC (N. 42
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANG	ES TO OFFICERS	Change	Addition
TITLE OP DELETE 1.1 TITLE		□ Change	Mudition
NAME ALVAREZ, AUGUSTO 1.2 NAME			
STREET ADDRESS 4226 W. PEACHFIELD CR. 1.3 STREET ADDRESS			
CITY-ST-ZIP 7 HOUSTON TX 1.4 CITY-ST-ZIP			
TITLE DELETE 2.1 TITLE		Change	☐ Addition
NAME 2.2 NAME			
STREET ADDRESS 2.3 STREET ADDRESS			
CITY-ST-ZIP 2.4 CITY-ST-ZIP		☐ Change	☐ Addition
CITY-ST-ZIP         2.4 CITY-ST-ZIP           TITLE         □ DELETE         3.1 TITLE		Change	Addition
CITY-ST-ZIP         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE           NAME         3.2 NAME		☐ Change	☐ Addition
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CITY-ST-ZIP		☐ Change	☐ Addition
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CITY-ST-ZIP		☐ Change	☐ Addition
CITY-ST-ZIP       2.4 CITY-ST-ZIP         TITLE       3.1 TITLE         NAME       3.2 NAME         STREET ADDRESS       3.3 STREET ADDRESS         CITY-ST-ZIP       3.4 CITY-ST-ZIP         TITLE       DELETE       4.1 TITLE         NAME       4.2 NAME         STREET ADDRESS       4.3 STREET ADDRESS         CITY-ST-ZIP       1 DELETE       5.1 TITLE         NAME       5.2 NAME         STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       5.3 STREET ADDRESS         CITY-ST-ZIP       6.4 CITY-ST-ZIP		☐ Change	☐ Addition

6.4 CITY-ST-ZIP

14. I 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 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 truster 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, of on an attachment with an address unit all other like empowered.

SIGNATURE:

CITY-ST-ZIP