**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200001574

1. Corporation Name

CARGO NETWORK AGENCY INC.

|  | •   |                           |                                 |                                     |  |  |                    | <b>12</b>    |
|--|---|---------------------------|---------------------------------|-------------------------------------|--|--|--------------------|--------------|
| Principal Place of Business Mailing Address        |   |                           |                                 |                                     |  | 1 12011201 114 1211 1211 1211 1211 1211  | medremidi          |              |
| 1741 NW 93RD                                       | AVE   | 1741 NW 93RD AVE          |                                 |                                     |  |  |                    |              |
| MIAMI FL 33172 MIAMI FL 33172                      |   |                           |                                 |                                     |  | DO NOT WRITE IN THIS   | SPACE              |              |
| US US  |   |                           |                                 |                                     |  | 3. Date Incorporated or Qualifed   | OI-VOE             |              |
|  |   |                           |                                 |                                     |  | 11/03/1992   |                    | .            |
| 2. Principal Place of Business 2a. Mailing Address |   |                           |                                 |                                     |  | 4. FEI Number  | An                 | plied For    |
|  |   |                           | 38                              |                                     |  | 65-0366680   |                    | t Applicable |
| 26   |   |                           | atc                             |                                     |  |  | \$8.75 A           |              |
| _  | #, etc.   | — — · · · ·               | Juice, Apr. #, etc.             |                                     |  | 5. Certificate of Status Desired   | - Fee Re           |              |
| 22   |   |                           | & State                         |                                     |  | 6. Election Campaign Financing   | \$5.00             | May Be       |
|  |   |                           |                                 |                                     |  | Trust Fund Contribution  | Added to           | · 1          |
| Zip  | Country   | Zip                       | Zip Country                     |                                     |  | 8. This corporation owes the current year Inta   | angible            |              |
|  | 25 29   |                           | 30                              |                                     |  | Personal Property Tax.   |                    | □No          |
| 24   | 9. Name and Address of Curr   |                           | [20]                            | -                                   |  | 10. Name and Address of New Registered   | Agent              |              |
|  | 9, 130110 MILE FRANCO - 17 OUT  |                           |                                 | 81                                  | Name   |  |                    |              |
| EDU  | ARDO V TAVANO   |                           |                                 | -                                   | Otro - 1 f 1                                     | deep (D.O. Day Number is blot Assentable)  | ·                  |              |
| 17411881 NW 93RD AVENUE                            |   |                           |                                 | 82                                  | Street Ad  | ress (P.O. Box Number is Not Acceptable)   |                    |              |
| MIAMI FL 33172                                     |   |                           |                                 | 83                                  | <del>                                     </del> |  |                    |              |
|  |   |                           |                                 |                                     |  |  | J                  |              |
|  |   |                           |                                 | 84                                  | City   | FI.  | . 85 Zip (         | Code         |
| 44 . 5   | to the provisions of Costions 607.0   | 502 and 607 1508 Florid   | Statutes th                     | e abov                              | e-named co                                       | rporation submits this statement for the purpose of  | changing its       | registered   |
| office or i  | registered agent, or both, in the Statem<br>am familiar with, and accept the obli | le of Florida. Such chang | e was authori<br>505, Florida S | zed by<br>Statutes                  | the corpora                                      | tion's board of directors. Thereby accept the appoin   | ntment as re       | gistered<br> |
| - CICITITO IL                                      | Signature, typed or printed name of registered a                                  |                           | <u> </u>                        |                                     | nt signature requ                                | ired when reinstating) DATE  | D DIOCOTO          |              |
| 12.  | OFFICERS AND DIRECTORS  DELETE  |                           |                                 | 13.                                 |  | ADDITIONS/CHANGES TO OFFICERS AN   | D DIRECTO ☐ Change | Addition     |
| TITLE  | PSTV  | ·                         |                                 | 1.1 TITLE                           |  |  | CT change          |              |
| NAME   | TAVANO, EDUARDO V   |                           |                                 | .2 NAME                             |  |  |                    | ļ            |
| STREET ADDRESS                                     | l .   |                           | 1 1                             | .3 STREE                            | TADDRESS   |  |                    | j            |
| CITY-ST-ZIP  | MIAMI FL 33172  |                           |                                 | .4 CITY-S                           | T-ZIP  |  | Change             | Addition     |
| TITLE  |   |                           |                                 | 2.1 TITLE                           |  |  | Change             |              |
| NAME   |   |                           | 2.2 NAME                        |                                     |  |  |                    |              |
| STREET ADDRESS                                     | 1741 NW 93RD AVE  |                           | 2                               | .3 STREE                            | T ADDRESS  | and the second s | ا ما السعاد        |              |
| CITY-ST-ZIP  | MIAMI FL 33172  | ·                         |                                 | . 4 CITY-5                          | ST-ZIP   |  |                    | CT Addition  |
| TITLE  |   | ☐ DE                      | LETE 3                          | L1 TITLE                            |  |  | Change             | Addition     |
| NAME   | į   |                           | 3                               | 2 NAME                              | - [  | •  |                    |              |
| STREET ADDRESS                                     | 3   |                           | 3                               | 3.3 STREE                           | TADDRESS   | •  |                    |              |
| CITY-ST-ZIP  |   |                           | 3                               | 3.4. CFTY-5                         | ST-ZIP   |  |                    |              |
| TITLE  |   | □ DE                      | LETE 4                          | .1 TITLE                            |  |  | ☐ Change           | ☐ Addition   |
| NAME   |   |                           | 4                               | . 2 NAME                            |  |  |                    |              |
| STREET ADDRESS                                     | 3   |                           | 4                               | .3 STREE                            | TADDRESS   |  |                    |              |
| CITY-ST-ZIP  | 1   | •                         | ٠ [4                            | 4 CITY-S                            | ST-ZIP   |  |                    |              |
| TITLE  |   | DE                        | LETE 5                          | 5.1 TITLE                           |  |  | Change             | ☐ Addition   |
| NAME   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |                           |                                 | 2 NAME                              |  |  |                    |              |
| STREET ADDRESS                                     | ,   | •                         |                                 | 3 STREE                             | T ADDRESS  |  |                    | į            |
| 1  | Ί   |                           |                                 |                                     |  |  |                    |              |
| CITY-ST-ZIP  |   | ·                         |                                 | 5.4 CITY-S                          |  |  |                    |              |
|  |   |                           | 5                               |                                     |  |  | ☐ Change           | ☐ Addition   |
| )  |   |                           | LETE -6                         | 5.4 CITY-S                          |  |  | ☐ Change           | ☐ Addition   |
| NAME<br>STREET ADDRESS                             |   |                           | LETE 6                          | 5.4 CITY-S<br>5.1 TITLE<br>5.2 NAME |  |  | ☐ Change           | ☐ Addition   |

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 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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90205 029 \*\*\*150.00