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 27 AM 11:19

DOCUMENT # **F93000000441 (6)**

1. Corporation Name
V.I. CARGO SERVICES, INC.

Principal Place of Business	Mailing Address
P. O. BOX 26520. GALLOWS BAY ST. CROIX U.S. VIRGIN ISLANDS 00824	P. O. BOX 26520. GALLOWS BAY ST. CROIX U.S. VIRGIN ISLANDS 00824

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1993	3a. Date of Last Report: 10/24/1994
4. FEI Number: 65-3712000	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$0.75 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	

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

9. Name and Address of Current Registered Agent

PEARSON, TIMOTHY
3320 NW 48TH ST.
MIAMI FL 33142

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 of new registered agent, if appointed) (Name of new registered agent, if appointed, must be typed or printed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTCD	11 TITLE	☐ Change ☐ Addition
NAME	PEARSON, TIMOTHY	12 NAME	
STREET ADDRESS	3320 NW 48TH ST.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33142	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	SURDAM, PAUL	22 NAME	
STREET ADDRESS	3320 NW 48TH ST.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33142	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	PEARSON, PAMELA	32 NAME	
STREET ADDRESS	P. O. BOX 26420, GALLOWS BAY, ST. CROIX	33 STREET ADDRESS	
CITY ST ZIP	U.S. VIRGIN ISLANDS 00824	34 CITY ST ZIP	
TITLE	VC	41 TITLE	☐ Change ☐ Addition
NAME	MURPHY, ROBERT	42 NAME	
STREET ADDRESS	240 CENTRAL AVE.	43 STREET ADDRESS	
CITY ST ZIP	DOVER NH 03820	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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, or on an attachment with an address.

SIGNATURE: Timothy Pearson 2-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483311 FN