

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
CORPORATIONS
OFFICE

DOCUMENT # P93000013716 (4)

1. Corporation Name

SUNWAVE CARGO, INC.

Principal Place of Business

1378 NW 78 AVE
SUITE B
MIAMI FL 33126

Mailing Address

1378 NW 78 AVE
SUITE B
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1993

3a. Date of Last Report

06/20/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0419498

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

Country

29

Zip

30

Country

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 Now Registered Agent

LAW FIRM OF MANFRED ROSENOW, P.A.
2425 CORAL WAY
MIAMI FL 33145

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

(Signature typed or printed below of registered agent and the incorporator)

(Signature typed or printed below of registered agent and the incorporator)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	ALVAREZ, ALBERTO
STREET ADDRESS	10323-4 NW 9 ST CIR
CITY, ST, ZIP	MIAMI FL 33172
TITLE	VD
NAME	ALVAREZ, ELENA
STREET ADDRESS	10323-4 NW 9 ST CIR
CITY, ST, ZIP	MIAMI FL 33172
TITLE	SD
NAME	ARAMBULA, LUIS A
STREET ADDRESS	12809 SW 54 ST
CITY, ST, ZIP	MIAMI FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(a), 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. 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:

Elena Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELENA ALVAREZ

05/25/95 (305) 591-8566

(Date)

(Telephone Number)