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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

|  | MENT # P930<br>PRILE CARGO SERVICE        |  | (6)                         |                                  |  |                          | <b>1</b> ) ( <b>1</b> |
|--|---|--|-----------------------------|----------------------------------|--|--------------------------|-----------------------|
| Principal Place                        | of Business                               | Mailing Address                                | <del></del>                 |                                  | 1001/807   10 (0100   1/1/1 69/1/1 08/1  |                          |                       |
| 2697 S.W. 33RD COURT<br>MIAMI FL 33133 |   | 13461 S.W. 24TH STREET<br>MIAMI FL 33175<br>US |                             |                                  |  |                          |                       |
|  |   |  |                             |                                  | 3. Date Incorporated or Qualified 03/02/1993   | 3a. Date of Last 05/16/1 | - <b>F</b> - ·        |
| 2. Principal Place of Business         |   | 2a. Mailing Address                            |                             |                                  | 4. FEI Number  | 00,10,1                  | Applied For           |
| Suite, Apt. #, etc.                    |   | 26   |                             |                                  |  | Not Applicable           |                       |
| 2                                      | *, C(C.                                   | Suite, Apt #, etc.                             |                             | 5. Certificate of Status Desired | 1 1  | 5 Additional             |                       |
| Orty & State                           |   | City 8 State                                   |                             | 6. Election Campaign Financing   |  | Required                 |                       |
| 3                                      |   | 28   |                             | Trust Fund Contribution          |  | OO May Be<br>ed to Fees  |                       |
| Zip Country                            |   | Z-p Country                                    |                             | ,                                | 8. This corporation has liability for intangible tax under s                             |                          |                       |
| 4                                      | 25  <br>9. Name and Address of Curre      | 29 29 Agent                                    | 30                          |                                  | Florida Statutes Yes   |                          |                       |
|  | o. Hambana Hadress of Carr                | ent negrstered Agent                           | 81                          | Name                             | 10. Name and Address of New R  | egistered Agent          |                       |
| RENDAN                                 | VA, PEDRO J                               |  |                             |                                  |  |                          |                       |
|  | S.W. 24TH STREET                          |  | 82 Street Add               |                                  | dress (P.O. Box Number is Not Acceptable   | e;                       |                       |
|  | L 33175                                   |  | 83                          |                                  |  |                          |                       |
|  |   |  | 84                          | City                             |  |                          |                       |
| <u> </u>                               |   |  | l                           | ,                                | oration submits this statement for the purp<br>and of directors. Thereby accept the appo |                          | ip Code               |
| 2.                                     |   | ND DIRECTORS                                   | (NOTE Pagistered Ages       | Cagnat recrease                  | ADDITIONS/CHANGES TO OFFI  | DATE<br>CERS AND DIRECTO | ORS IN 12             |
| ITLE AME                               | CALC HAND                                 | DELETE   | 1 1 TITLE                   |                                  |  | Change                   | Addition              |
| TREET ADDRESS                          | GALLO, JUAN R.<br>1567 SW 4TH ST.         |  | 1.2 NAME<br>1.3 STREET      | Approces                         |  |                          |                       |
| TY-ST-ZIP                              | MIAMI FL                                  |  | 14 CDY - S                  |                                  |  |                          |                       |
| TLE                                    | ٧   | DELETE   | 2 1 TIJLE                   | · " \                            | lee Orsidud  | ☐ Change                 | Addition              |
| ME                                     | QUINTERO, ARIEL                           | ^ 2  |                             | $\sim$                           | lee president<br>redit buithernes<br>Bluy Sw 157 Pl.                                     |                          |                       |
| REE1 ADDRESS                           | 42 NW 56 AVE.                             | AVE.   |                             | AUDRESS                          | 3104 Sw 157 Pl.  |                          |                       |
| TY-ST-ZIP                              | MIAMI FL                                  | F3 65 F75                                      | 2.4 CICY+S1+ZIP<br>3.1 FTLE |                                  | Miguni FT. 3319:   | <u> </u>                 |                       |
| ME I                                   | PENDANA DEDDO I                           |  |                             |                                  |  | Change                   | Addition              |
| REET ADDRESS                           | BENDANA, PEDRO J.<br>13461 SW 24TH STREET |  | 3.2 N.2 ME                  | Abances                          |  |                          |                       |
| Y · ST - ZIF                           | MIAMI FL                                  |  | 3.3 S-REEL<br>3.4 C//Y-S    |                                  |  |                          |                       |
| LF                                     |   | DELETE   | 4 1 M.F                     |                                  |  | Change                   | Add tion              |
| ME                                     |   |  | 4 2 I ME                    |                                  |  |                          |                       |
| REET ADDRESS                           |   |  | 431 (6)                     | ADDRESS                          |  |                          |                       |
| Y - ST - ZIP                           |   |  | 44 1 5                      | ZIP                              |  |                          |                       |
| LF<br>Ar                               |   | DETETE   | 5 1 F                       |                                  | <del></del>  | ☐ Charige                | Addition              |
| ME<br>EET ADDRESS                      |   |  | 5.2 MF                      | 10500                            |  |                          |                       |
| Y-ST-ZIP                               |   |  |                             | ADORESS                          |  |                          |                       |
| .E                                     |   | DELETE   | 5 4 5<br>6 • E              | ZIP                              |  | Change                   | Add tion              |
| ME                                     |   | <u> </u>                                       | 6.2                         |                                  |  | El cuarde                | L_J Add (IOI)         |
|  |   |  | 6.3                         | ADDRESS                          |  |                          |                       |
| EFT ADDRESS                            |   |  |                             |                                  |  |                          |                       |
| HEFT ADDRESS                           | certify that the information supplied     | ······································         |                             | - ZIP                            | or the exemption stated in Section 119.0   |                          |                       |

SIGNATURE:

4-29-96 (205) 44-805