

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

Amended

CORPORATION
ANNUAL REPORT

1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
CORTEUDO INTERNATIONAL CARGO CORP.

DOCUMENT #
P93000019527 (9)

Mailing Address
7225 N.W. 25TH ST.
SUITE 115
MIAMI FL 33122

Principal Place of Business
7225 N.W. 25TH ST.
SUITE 115
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified 03/16/1993 | 3a. Date of Last Report |
| 4. FEI Number 65-0396205 | Applied For Not Applicable |
| 5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| 7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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

9. Name and Address of Current Registered Agent
DE SORDI MAURO
7225 N.W. 25TH ST.
SUITE 115
MIAMI FL 33122

| |
|---|
| 10. Name and Address of New Registered Agent |
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE Mauro Sordi DATE 5-15-94
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| | |
|----------------------------|-----------------------|
| 12. OFFICERS AND DIRECTORS | |
| 1.1 TITLE | P/D |
| 1.2 NAME | INHAN CELSO R |
| 1.3 STREET ADDRESS | 17021 NORTH BAY ROAD |
| 1.4 CITY-ST-ZIP | MIAMI FL 33160 |
| 2.1 TITLE | V/D |
| 2.2 NAME | FERNANDEZ MARCIA M |
| 2.3 STREET ADDRESS | 17021 NORTH BAY ROAD |
| 2.4 CITY-ST-ZIP | MIAMI FL 33160 |
| 3.1 TITLE | S/T/D |
| 3.2 NAME | AFFONSO TERESA C. OUF |
| 3.3 STREET ADDRESS | 17021 NORTH BAY ROAD |
| 3.4 CITY-ST-ZIP | MIAMI FL 33160 |
| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

| | |
|---|-------------------------|
| 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE | |
| 1.2 NAME | 300002011779-3 |
| 1.3 STREET ADDRESS | -11/22/96--01004--008 |
| 1.4 CITY-ST-ZIP | *****\$1.25 *****\$1.25 |
| 2.1 TITLE | |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | S/T/D |
| 3.2 NAME | CARVALHO CARLOS A. |
| 3.3 STREET ADDRESS | 2501 S. OCEAN DR # 626 |
| 3.4 CITY-ST-ZIP | HOLLYWOOD FLORIDA 33029 |
| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CELSO DIHAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #