

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

DIVISION OF CORPORATIONS

95 MAY 25 PM 12: 17

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P93000020088 (9)

95 MAY 25 PM 12: 17

1. Corporation Name  
**R.I. CARGO SERVICE CORP.**

|   |   |
|---|---|
| Principal Place of Business   | Mailing Address   |
| <del>6907 NW 82 AVE</del><br><del>MIAMI FL 33166</del><br><del>US</del> | <del>6907 NW 82 AVE</del><br><del>MIAMI FL 33166</del><br><del>US</del> |

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>03/12/1983</b> | 3a. Date of Last Report<br><b>05/01/1984</b> |
|--|--|

|                                    |   |  |
|------------------------------------|---|--|
| 4. FEI Number<br><b>65-0398727</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|------------------------------------|---|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

|  |                                    |
|--|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|--|------------------------------------|

|  |
|--|
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 <b>6907 NW 82 AVE</b> | 2a. Mailing Address<br>26 <b>6907 NW 82 AVE</b> |
| Suite, Apt. #, etc.<br>22                                  | Suite, Apt. #, etc.<br>27                       |
| City & State<br>23 <b>MIAMI, FL 33166</b>                  | City & State<br>28 <b>MIAMI, FL 33166</b>       |
| Zip<br>24  | Country<br>25                                   |
| Zip<br>29  | Country<br>30                                   |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAEZ, BELINDA R**  
~~6907 NW 82 AVE~~  
~~MIAMI FL 33166~~

|  |
|--|
| B1 Name<br><b>PAEZ BELINDA R</b>   |
| B2 Street Address (P.O. Box Number is Not Acceptable)<br><b>6907 NW 82 AVE</b> |
| B3   |
| B4 City<br><b>MIAMI, FL</b>  |
| B5 Zip Code<br><b>33166</b>  |

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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 *Belinda Paez*

Signature (used or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                              |
|----------------------------|------------------------------|
| TITLE<br><b>D</b>          | <b>PEREZ, BELINDA R</b>      |
| NAME                       | <b>6907 NW 82 AVE BAY 31</b> |
| STREET ADDRESS             | <b>MIAMI FL</b>              |
| CITY - ST - ZIP            |                              |
| TITLE                      |                              |
| NAME                       |                              |
| STREET ADDRESS             |                              |
| CITY - ST - ZIP            |                              |
| TITLE                      |                              |
| NAME                       |                              |
| STREET ADDRESS             |                              |
| CITY - ST - ZIP            |                              |
| TITLE                      |                              |
| NAME                       |                              |
| STREET ADDRESS             |                              |
| CITY - ST - ZIP            |                              |
| TITLE                      |                              |
| NAME                       |                              |
| STREET ADDRESS             |                              |
| CITY - ST - ZIP            |                              |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE<br><b>D</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME<br><b>PAEZ BELINDA R</b>                     |  |
| 1.3 STREET ADDRESS<br><b>6907 NW 82 AVE</b>           |  |
| 1.4 CITY - ST - ZIP<br><b>MIAMI, FL 33166</b>         |  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS                                    |  |
| 2.4 CITY - ST - ZIP                                   |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY - ST - ZIP                                   |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY - ST - ZIP                                   |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY - ST - ZIP                                   |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 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 owner of, or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 (or both) if checked, or on an attachment with

SIGNATURE: *Belinda Paez*

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

**BELINDA PAEZ**

(Date)

**(305) 5970653**

(Telephone Number)