

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90234 042 ***150.00
06-04-1999 90010 026 ***550.00

DOCUMENT # P93000024598

1. Corporation Name

Comexter Cargo, Inc.

Principal Place of Business

8372 NW 64th St.
Miami, FL 33166
US

Mailing Address

8372 NW 64th St.
Miami, FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
3/29/93

4. FEI Number
65-0122113

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 10051 NW 99th Ave.
Suite, Apt. #, etc.

22 Suite 5

City & State

23 Medley, FL

Zip Country
24 33178 25 USA

2a. Mailing Address

26 8100 Mitchell Road

Suite, Apt. #, etc.

27 Suite 1200

City & State

28 Eden Prairie, MN

Zip Country
29 55344 30 USA

9. Name and Address of Current Registered Agent

Gutierrez, Renaldy J
601 Brickell Key Dr.
Ste. 501
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
83
84 City Plantation FL 85 Zip Code 33324

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

Michele K. Justesen, Asst. Secy. Michele K. Justesen

CT Corporation System

5.27.99

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSD	Pachon, Ivan	8372 NW 64th St.	Miami, FL	<input checked="" type="checkbox"/>
AS	Gutierrez, Renaldy J.	601 Brickell Key Dr. Ste. 501	Miami, FL 33131	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P/D	Joseph Mulvehill	8100 Mitchell Road	Eden Prairie, MN 55344	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/D	Greg Goven	8100 Mitchell Road	Eden Prairie, MN 55344	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Owen Gleason	8100 Mitchell Road	Eden Prairie, MN 55344	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T/D	John Wiehoff	8100 Mitchell Road	Eden Prairie, MN 55344	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Owen Gleason

5/24/99

Date

612 937 8500

Daytime Phone #

CR2E034 (1/98)