FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

2973 NW 71ST ST

MIAMI FL 33147

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000049366 (6)

M & R CARTAGE, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

2973 NW 21 ST

MIAMI FL 33147

US

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23 28 Trust Fund Contribution Γ Added to Fees Country Zip Country ZiD 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FELDMAN, MINDY A CPA 500 NE SPANISH RIVER BLVD Street Address (P.O. Box Number is Not Acceptable) STE 205 83 **BOCA RATON FL 33431** 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE Change TITLE 1.1 TITLE Addition **GEENFIELD, AUREA** NAME 1.2 NAME **\$02 NORTHWEST 97TH AVE.** STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITUE **GREENFIELD, EMMETT** NAME 2.2 NAME **\$02 NORTHWEST 97TH AVENUE** STREET ADDRESS 2.3 STREET ADDRESS **PLANTATION FL 33324** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELLIE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE Change Addition 6.1 THEF NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby 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 chapter 607, or on an attachment with an address.

FILED Aug 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified

07/15/1993

65-0423306

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

7/30/01 . Con 157. CVC