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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 19 1997 8:00am

Secretary of State

1997 DOCUMENT # P93000064688 (3)

UNITED STATES AUTO & CARGO EXPORTERS CORP.

						88   18 STILL STATE   1	
Principal Place of Business Mailing Address							
2800 NW 55TH CT FT LAUDERDALE FL 33309		2000 NW 55 CT FT LAUDERDALE FL 33309-2545					
US		US			3. Date Incorporated or Qualified 09/16/1993	3a. Date of Last Report 03/19/1996	
2. Principal Pi	lace of Business	2a. Mailing Address	2a. Mailing Address 26		4. FEI Number 65-0437244	Applied For	
Sulte, Apt. #, etc.		Suite, Apt, #, etc.			Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Ζ <sub>I</sub> p	Cou	ntry	B. This corporation has liability for in	itangible tax under s. 199.032	2.
24	25	29	30		Florida Statutes	Yes No	
	9. Name and Address of Curr				10. Name and Address of New Reg	istered Agent	
QUI	NONES, HILDA S			81 Name			1
701	SHILOH TER NE FL 33325			82 Street Ada	dress (P.O. Box Number is Not Acceptab	e)	
DAY	NE FL 33320			83			
				84 City		FL 85 Zip Code	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0 egistered agont, or both, in the St im familiar with, and accept the ob-	0502 and 607.1508, Florida Statu ate of Florida: Such change was Figations of, Section 607.0505, FI	es, the al authorize orida <b>S</b> tat	pove-named co d by the corpor utes.	rporation submits this statement for the p ation's board of directors. I hereby accep	irpose of changing its register the appointment as registere	red ed
SIGNATURE	Signature, typed or printed name of registered				julieo when reinstating)	DATE	.
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	RS AND DIRECTORS IN 12	
TOTLE	D	DELETE	1.1 70	TLE		Change Add	ition
NAME	QUINONES, HILDA S		1,2 N	AME.			
STREET ADDRESS	701 SHILOH TER		1,3 S1	REET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33325		1.4 0	TY-\$1-ZIP			1
TITLE		DELETE	2.1 ]	TLF		Changé Addi	lition
NAME			2.2 N	<b>AME</b>			
STREET ADDRESS			2.3 \$1	REEL ADDRESS			
CITY-ST-ZIP			2 4 0	17Y-S1-71P			
TITLE		☐ DELETE	311	TLE .		☐ Change ☐ Addi	lition
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CITY-ST-ZIP			4.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 11	TEE		☐ Change ☐ Add	sition
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STREET ADDRESS			5.3 Si	REFT ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	6.1 TI	ILE T		Change Add	lition
NAME			6.2 N	VME ]			
STREET ADDRESS			6.3 S	REE I ADDRESS			
CITY-ST-ZIP	<u>.</u> .		6,4 CI	TY-ST-ZIP			

14. I do 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 eath; 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.