

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

AMENDED

APPROVED  
AND  
FILED

98 NOV 12 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P93000076259(9)

1. Corporation Name

ULTRA CARGO LINES, INC

Principal Place of Business  
1424 N.W. 82 Ave  
Miami FL 33126  
USA

Mailing Address  
1424 N.W. 82 Ave  
Miami FL 33126  
USA

500002689305--2

-11/17/98--01037--021

\*\*\*\*\*61.25 \*\*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1993

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

4. FEL Number  
65-0447411

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIGUELINA DEL CARMEN GONZALEZ  
8411 N.W. 8 ST Apt 107  
Miami FL 33126

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 *Miguelina Gonzalez*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ FERNANDO M.	12 NAME	MIGUELINA DEL CARMEN GONZALEZ
STREET ADDRESS	1750 NW 96 Ave	13 STREET ADDRESS	8411 N.W. 8ST Apt 107
CITY-ST-ZIP	Miami FL 33172	14 CITY-ST-ZIP	Miami FL 33126
TITLE	<input type="checkbox"/> DELETE	21 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	TRUDY M. GIESBERS
STREET ADDRESS		23 STREET ADDRESS	10225 S.W. 77 Ct Miami FL 33156
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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.

SIGNATURE: *Miguelina Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/98

305-593-5558

Date Daytime Phone #

CR2E034 (5/98)