

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P94000006894**

1. Corporation Name

MIAMI CARGO HANDLING, INC.

Principal Place of Business

**6115-6117 NW 72ND AVENUE
MIAMI FL 33166
US**

Mailing Address

**6115-6117 NW 72ND AVENUE
MIAMI FL 33166
US**

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90152 017 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1994

4. FEI Number

65-0465863

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**BALWANT, CHEEMA
8301 NW 197 ST.
SUITE 155
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name

BALWANT Cheema

82 Street Address (P.O. Box Number is Not Acceptable)

8301 NW 197 Street

83

84 City

Miami

FL

85 Zip Code

33015

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 *Balwant Cheema*
Signature, typed or printed name of registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **YANAGITA, HIDEO**
STREET ADDRESS **1850 NW 84TH AVENUE #116**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

**6115-6117 NW 72nd Ave
Miami FL 33166**

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE: *X* SIGNATURE REQUIRED
Signature, typed or printed name of signing officer or director

APR. 17 '99 (305) 863-9100

Date

Daytime Phone #

CR2E034 (11/98)