SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011987 (2)

INTER-AMERICA CARGO SERVICES, INC.

Principal Place of Business Mailing Address				[\$\$100 100					
4451 N.W. 36TH ST. #102 MIAMI SPRINGS FL 33166		4451 N.W. 36TH ST. #102 MIAMI SPRINGS FL 33166		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualified 3a, Date of Last Report			eport	
District D	la a Poulana	The Barthan Astronom				02/14/1994	0	7/02/1996	
2, Principal P	lace of Business	2a, Mailing Address			4. FEI Number		 	oplied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				65-0467008		\$8.75	
22		27				5. Certificate of Status Desired		Fee Re	
City & State		City & State				6. Election Campaign Financin	g	\$5.00	
Zip Country		Zip Country			Trust Fund Contribution		Added		
24	. 25 29 30			у		 This corporation owes or hat Personal Property Tax due. 	•		angibie No
•••				10, Name and Address of Nev					
CO	REA, BLANCA		81	Name	•				
4451 NW 36TH ST			82	Street	t Addre	ss (P.O. Box Number is Not Acce	ptable)	 	
#102									
MI/	AMI S PRINGS FL 33166		83	3		· •			
		÷	84	City		ŀ	FI	85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									s registered registered
SIGNATURE						 			
12.	Signature, typed or printed name of registered ag	ent and lifte if applicable (NOTE:	Hogistered Ag	ent signatur	re required	d when reinstating) ADDITIONS/CHANGES TO C	DATE FEICERS AN	ID DIRECTOR	2S IN 12
TITLE	D	DELETE	1.1 TITLE		Τ	ADDITIONS/OFFACES TO C	THOUSAN	☐ Change	Addition
NAME	COREA, BLANCA 12		1.2 NAME						
STREET ADDRESS	614 SANTANDER #1	1.3 S		T ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-	ST-ZIP		<u></u>			
TITLE	SD .	☐ DELETE	2.1 TITLE			·	,	Change	Addition Addition
NAME	COREA, CARLOS		2.2 NAME			•			
STREET ADDRESS 614 SANTANDER #1 CITY-ST-ZIP CORAL GABLES FL 33134		2 3 STREET ADDRESS			I .				
CITY-ST-ZIP TITLE	TD	DELETE	2. 4 C/1Y-ST-ZIP LETE 3.1 TITLE		-	+		Change	Addition
NAME	COREA, SARA	had section	3.2 NAME			:			
STREET ADDRESS	4314 S.W. 12TH ST.			T ADDRESS		!			
CITY-ST-ZIP	MIAMI FL 33134		3.4. CITY-	·ST-ZIP		*			
TITLE	PD	☐ DELETE	4.1 TITLE					Change Change	Addition
NAME	COREA, IBELICE		4. 2 NAME			; · .			
STREET ADDRESS	614 SANTANDER #1		4.3 STREET ADDI			:			
CITY-ST-ZIP	CORAL GABLES FL 33134	Druste	4.4 CITY-					Channa	Addition
TITLE		☐ DELETE	5.1 TITLE			Š		☐ Change	Addition
NAME CEDELL ADDOLOGO			5.2 NAME			2			
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CHTY- 6.1 TITLE	OI - ZIP	+			Change	Addition
NAME			6.2 NAME			•			
STREET ADDRESS			1	T ADDRESS					
]			1		1				

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 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 of on an alternative with an address.

FILED

Sep 19 1997 8:00am

Secretary of State