FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

... CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:06

DOCUMENT # **P94000037817 (1)**

1. Corporation Name
AEROCOLCARGO, INC.

Principal Place of Business	Mailing Address
5220 N.W. 72 AVE., BAY #35 MIAMI FL 33166	5220 N.W. 72 AVE., BAY #35 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6925 NW 82 AVE	26 6925 NW 82 AVE
Suite, Apt. #, etc. 22 MIAMI FLORIDA	Suite, Apt. #, etc. 27 MIAMI FLORIDA
City & State 23 33166	City & State 28 33166
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0495980 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DIAZGRANADOS, PASCUAL 4944 NW 102 AVE., #103 MIAMI FL 33178	81 Name: DIAZGRANADOS PASCUAL 82 Street Address (P.O. Box Number is Not Acceptable): 4944 NW 102 AVE # 103 83 84 City: MIAMI FL 85 Zip Code: 33178

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	OCAMPO, GERMAN	12 NAME	
STREET ADDRESS	19230 NW 80 CRT.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33015	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MENDEZ, DANIEL	22 NAME	
STREET ADDRESS	520 NW 214 ST., #205	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33169	24 CITY ST ZIP	
TITLE	D	31 TITLE	D ☐ Change ☐ Addition
NAME	DIAZGRANADOS, PASCUAL	32 NAME	DIAZGRANADOS PASCUAL
STREET ADDRESS	4944 NW 102 AVE., #103	33 STREET ADDRESS	4944 NW 102 AVE #103
CITY ST ZIP	MIAMI FL 33178	34 CITY ST ZIP	MIAMI, FL 33178
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	RESIGNATED BY PRES
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ APRIL 25/95 (305)594 4754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430159 FP