## 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

## Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90129 010 \*\*\*150.00

## DOCUMENT # **P94000040566** 1. Corporation Name A & L INTERNATIONAL CARGO, INC. Mailing Address Principal Place of Business 5179 N.W. 74TH AVE. 5179 N.W. 74TH AVE. MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/31/1994 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0494346 Not Applicable 26 21 **\$8.75** Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Country 8. This corporation owes the current year Intangible Zip Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 lonsanje URO MONSANTE, ARTURO 82 (P.O. Box Number is Not Acceptable 8963 CARIBBEAN BLVD. MIAMI FL 33157 83 84 City Mian. 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. OSANTO SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 Change Addition DELETE 1.1 TITLE TITLE Monsante MONSANTE, ARTURO ANTURO NAME 12 NAME Ave s.w. 137 1458 SW 134 PL STREET ADDRESS 1.3 STREET ADDRESS 33/83 MIAM! FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE 2.1 TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Addition ☐1 Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition □ DELETE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 trusteel 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MO15ANTO

CR2E034 (11/98)