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

**FILED PROFIT** Mar 02 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P94000059978 (4) DOCUMENT # CARGO LOGISTICS INTERNATIONAL, INC. Principal Place of Business Mailing Address 9300 N.W. 58TH STREET P.O. BOX 522003 **SUITE 202** MIAM! FL 33152 MIAMI FL 33178 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0517220 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRESPIN. VITALIO 9300 N.W. 58TH STREET Street Address (P.O. Box Number is Not Acceptable) **SUITE 202** 83 MIAMI FL 33178 **B4** 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. SIGNATURE 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 DELETÉ TITLE 1.1 TITLE Change ... Addition CRESPIN. VITALIO NAME 1.2 NAME 9300 N.W. 58TH STREET SUITE 202 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33178** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELET**E** TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplindicated on this annual report of supplindicer or director of the corporation or the Block 12 or Block 13 if changed, or or in is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information finual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an er or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

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4.3 STREET ADDRESS

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