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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

appears in Block 12 or Bl

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400066437 (2)

BALCARGO SERVICES, INC.

1800 NW 96TH AVE MIAMI FL 33172		1800 NW 96TH AVE Miami FL 33172-2345	1800 NW 96TH AVE MIAMI FL 33172-2345				
					3. Date Incorporated or Qualified		port
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Ap	plied For
21		26 PO BOY 5			65-0518795	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u></u> -1		5. Certificate of Status Desired	ificate of Status Desired Sa.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28 MiAmi, F	4		Trust Fund Contribution		
	Country	Zip	Country  30 USA		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes ✓ Yes ☐ No		
24	25	29 33152 S	30  <i>U</i> ≲	<i>A</i>	Florida Statutes  10. Name and Address of New Reg		
DED		Current Hegistered Agent	81	Name	10. Haine and Address of New Ne	listeled Agent	
	ez, alejandro ) NW 96TH AVE						
	MI FL 33172		82 Street Addre		ress (P.O. Box Number is Not Acceptab	le)	
			83	······································			
			84	City		FL 85 Zip C	ode
11 Purcuant I	a the province of Cactions	607 0502 and 607 1509 Florida Statute	s the above	named core	poration submits this statement for the p		registered
office or re	earstered agent, or both, in ti	he State of Florida. Such change was at the obligations of, Section 607.0505, Flor	uthorized by	the corporat	tion's board of directors. I hereby accep	t the appointment as	registered
SIGNATURE .	*****			<del></del>			
12,	Signature, typed or printed name of reg	ERS AND DIRECTORS (NOTE	Registered Age	nt signature requir	red when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	C IN 12
TITLE	DP	DELETE	1.1 TITLE		ADDITIONS/OFFARING TO OFFICE	Change	Addition
NAME	PEREZ, ALEJANDRO	Beard V - V -	1.2 NAME				
STREET ADDRESS	1800 NW 98TH AVE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	1888 EL 00470		1.4 CITY-S	ì			ì
TITLE			2.1 TITLE			Change	Addition
NAME			2.2 NAME			<b>*</b>	
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY - ST - ZIP	•		2. 4 CITY-S				
TITLE			3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CiTY-ST-ZIP			3 4. CITY - 5	ST-ZIP	•		
TITLE	DELETE 4.1		4.1 TITLE			Change	Addition
NAME			4.2 NAME	Į.			- 1
STREET ADDRESS			4.3 STREET	ADORESS			
CITY - S1 - ZiP			4.4 CITY - S	T-21P			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET	ADDRESS			
CITY-ST-ZIP			54 ÇITY-S	T-ZIP			
TOLE		☐ DELETE	6 1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STAEET	ADDRESS	•		
CITY-S1-7IP			EAGHY S				
14. I do hereb	by certify that the information	supplied with this filling dees not qualify	y for the exe	mption state	d in Section 119.07(3)(i), Florida Statute	s. I turtner certify that	ine