

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000073886 (1)

1. Corporation Name

TRANS PACIFIC CARGO INT'L, INC.

Principal Place of Business

2813 SMITHFIELD DR.
ORLANDO FL 32837-7473
US

Mailing Address

2813 SMITHFIELD DR.
ORLANDO FL 32837-7473
US



3. Date Incorporated or Qualified
10/03/1994

3a. Date of Last Report
06/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-3281612

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

ILEDAN, LEOCADIO I
2715 SMITHFIELD DR.
ORLANDO FL 32837-7473

81 Name

FRANCISCO F. MOZO

82 Street Address (P.O. Box Number is Not Acceptable)

11807 HATCHER CIR.

83

84 City

ORLANDO

FL

85 Zip Code

32824

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] - SECRETARY

4/21/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME ILEDAN, LEOCADIO I
STREET ADDRESS 2715 SMITHFIELD DR.
CITY-ST-ZIP ORLANDO FL

☒ DELETE

1.1 TITLE V/D
1.2 NAME DENNIS ROLDAN
1.3 STREET ADDRESS 11950 CHELTINHAM DR.
1.4 CITY-ST-ZIP ORLANDO, FL 32824

☒ Change ☐ Addition

TITLE PD
NAME REYES, THEONIL M
STREET ADDRESS 2813 SMITHFIELD DR.
CITY-ST-ZIP ORLANDO FL 32837-7473

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ILEDAN, JOSEPHINA L
STREET ADDRESS 2715 SMITHFIELD DR
CITY-ST-ZIP ORLANDO FL

☒ DELETE

3.1 TITLE S/D
3.2 NAME FRANCISCO F. MOZO
3.3 STREET ADDRESS 11807 HATCHER CIR.
3.4 CITY-ST-ZIP ORLANDO, FL 32837

☒ Change ☐ Addition

TITLE STD
NAME REYES, MA FELISA P
STREET ADDRESS 2813 SMITHFIELD DR
CITY-ST-ZIP ORLANDO FL

☒ DELETE

4.1 TITLE T/D
4.2 NAME LEOVIGILDO PUNZALAN
4.3 STREET ADDRESS 11554 BLACKMOOR DR.
4.4 CITY-ST-ZIP ORLANDO, FL 32837

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96

(407) 438-5825

Date

Daytime Phone

CR2E034 (12/95)