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

CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000079029 (2)

=	ation name												
AMERICAN EAGLE CARGO, INC.													
Principal Place of Business Mailing Address									- 	1 80111 88111 18	JIIJ J IJIH U BI	HO 14040 1011 1001	
7511 NW 73RD ST. SOUTH 7511 NW 73RD ST. SOU SUITE 107 SUITE 107						ГН							
MIAMI F	FL 33166			MIAMI FL 33166					3. Date Incorporated or Qualified	3a. Date	of Last F	Report	
									10/27/1994	<u> </u>	1/09/19	995	
2. Princip	al Place of Busi	ness	2a. Mailing Address						4. FEI Number			Applied For	
21				26					65-0531538			Not Applicable	
Suite, /	Apt. #, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Additional Required	
City & State				City & State					6. Election Campaign Financing			00 May Be	
23			28	 					Trust Fund Contribution			ed to Fees	
Z⊮p		Country	201	Ζip	30	_ Country ว่า			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			199.032,	
24	0 Nam	25 e and Address of Current	Pegis	stered Agent	[30]	Τ			10. Name and Address of New I		Agent		
	g. 1100	e allu Address di Carrelle	110910			81	Ti	Name					
NIAN	NET CHILEDI	40 A				-	L.	<u> </u>	ss (P.O. Box Number is Not Accepte	blo)			
NANEZ, GUILERMO A						82		Street Addre	iss (P.O. Box Nortice) is not Accepta-	ole)			
8205 LAKE DRIVE APT. A206						83							
MIAMI FL 33166						-	-	01			los :	Zip Code	
MINARI I C 00 100						84	'	City	FL 85 Zip			up Code	
SIGNATU	Signature, lyp	ed or printed name of registered agents OFFICERS AND				stered Aga 13.	ant s	signature required	wher: reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	DIRECT	 	
TITLE	PT	AMILIAN TOTAL	,	☐ DELETE		1. 1 TO LE					Change	Addition	
NAME		Z, GUILLERMO A				1.2 NAME		Į.					
STREET ADD	STREET ADDRESS 8205 LAKE DRIVE APT. A20			1.3 \$TRI			: I Al	DDRESS					
CITY-ST-ZIF		I FL 33166				1.4 CITY-	_	ZIP			Change	Addition	
THILE	VD	N. 199 A. 1. A. 1.		☐ DELFTE		2 1 TITLE					Change	, D \(\(\)	
NAME		CHET, ANA M				2.2 NAME		DODGEC					
STREET ADD		LAKE DRIVE APT. A206				2.3 STREE							
CITY-ST- ZH TITLE	P MIAM	II FL 33166	····-	DELETE:		2.4 CITY - 3. 1 TITLE		- 411			Change	Addition	
NAME						3 2 NAME							
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CITY-ST-21	\ \					3.4 CHY-	ST-	- ZIP					
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NAME]					4.2 NAME							
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TILE				Doctric		6. 1 TITUE 6.2 NAME					J		
NAME					İ			ADDRESS					
STREET ADD													

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)(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.

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