FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000085954 (3)**

1. Corporation Name

AMERICAN BUSINESS CARGO CORPORATION

Principal Place of Business	Mailing Address
2643 NE 209TH ST MIAMI FL 33180	2643 NE 209TH ST MIAMI FL 33180

3. Date Incorporated or Qualified: **11/28/1994**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **65-0535976** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COSTA, ENRIQUE
2643 NE 209TH ST
MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required in all cases)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MEDINA, JUAN C		12 NAME	
STREET ADDRESS	GRAL LAVALLE 10016 LOMA HERMOSA		13 STREET ADDRESS	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA		14 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	FRANCHINO, FERNANDO M		22 NAME	
STREET ADDRESS	CASEROS 3677 OLIVOS		23 STREET ADDRESS	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA		24 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MONTIEL, JUAN G		32 NAME	
STREET ADDRESS	FARIAS 1192 SAN MIGUEL		33 STREET ADDRESS	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA		34 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	KANG, YONG S		42 NAME	
STREET ADDRESS	PASAJE KENEDY 320 ADROGUE		43 STREET ADDRESS	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA		44 CITY-ST-ZIP	
TITLE	T	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	COSTA, ENRIQUE		52 NAME	
STREET ADDRESS	2643 NE 209TH ST		53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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: _____ 02/28/96 (305) 933-0203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #