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PROFIT  
CORPORATION  
ANNUAL REPORT

2000



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

FILED  
May 19, 2000 8:00 am  
Secretary of State

05-19-2000 90010 010 \*\*\*150.00

DOCUMENT # P94000085954  
1. Corporation Name

AMERICAN BUSINESS CARGO CORPORATION

00052703

Principal Place of Business  
2643 N.E. 209th St.  
Miami, Fl. 33180

Mailing Address  
2643 N.E. 209th St.  
Miami, Fl. 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/28/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0535976

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Costa Enrique  
2643 N.E. 209th St.  
Miami, Fl. 33180

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 607.1508, 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME Medina Juan C.  
STREET ADDRESS Gral Lavalle 10016 Loma Hermosa  
CITY-ST-ZIP Buenos Aires Argentina

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DV ☐ DELETE  
NAME Franchino Fernando M.  
STREET ADDRESS Caseros 3677 Olivos  
CITY-ST-ZIP Buenos Aires Argentina

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

TITLE DS ☐ DELETE  
NAME Montiel Juan G.  
STREET ADDRESS Farias 1192 San Miguel  
CITY-ST-ZIP Buenos Aires Argentina

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DT ☐ DELETE  
NAME Kang Yong S  
STREET ADDRESS Pasaje Kenedy 320 Adroque  
CITY-ST-ZIP Buenos Aires Argentina

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME Costa Enrique  
STREET ADDRESS 2643 N.E. 209th St.  
CITY-ST-ZIP Miami, Fl. 33180

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 (305) 754 9609

CR2E034 (10/97)