

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90347 015 ***150.00

DOCUMENT # P94000085954

1. Entity Name-

AMERICAN BUSINESS CARGO CORPORATION

U0055736

Principal Place of Business

Mailing Address

2643 NE 209th Street
 Miami, Florida 33180

2643 NE 209th Street
 Miami, Florida 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0535976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Costa Enrique
 2643 NE 209th St.
 Miami, Florida 33180

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MEDINA JUAN C.	NAME	
STREET ADDRESS	GRAL. LAVALLE 10016 LOMA HERMOSA	STREET ADDRESS	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA	CITY-ST-ZIP	
TITLE	DV ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRANCHINO FERNANDO M.	NAME	
STREET ADDRESS	CASEROS 3677 OLIVOS	STREET ADDRESS	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA	CITY-ST-ZIP	
TITLE	DS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MONTIEL JUAN G.	NAME	
STREET ADDRESS	FARIAS 1192 SAN MIGUEL	STREET ADDRESS	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA	CITY-ST-ZIP	
TITLE	DT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KANG YONG S	NAME	
STREET ADDRESS	PASAJE KENEDY 320 ADROGUE	STREET ADDRESS	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COSTA ENRIQUE	NAME	
STREET ADDRESS	2643 NE 209th St.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA-33180	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 (7)(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPE OF ENTITY, AND NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director Phone #

04/27/2001

(305) 754-9609