FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90050 043 ***150.00

| DOCUMENT | # | P94000086630 |
|---------------------|---|---------------|
| 1. Cornoration Name | | . 0 .00000000 |

| CONDOR | R CARGO ENTERPRISES, II | 1C. | | | |
|--------------------------------------|---|---|---|----------------------|--|
| Principal Place | of Rusiness | Mailing Address | | | |
| 7524 SEURAT S | | 7524 SEURAT STREET | | | |
| SUITE 101 | SINEEL | SUITE 101 | | | |
| ORLANDO FL 3 | 2819 | ORLANDO FL 32819 | | | DO NOT WRITE IN THIS SPACE |
| U\$ | | US | | | Date Incorporated or Qualifed |
| | | | <u> </u> | | 11/28/1994 |
| 2. Principal Pl | ace of Business | - 2a. Mailing Address | | | 4. FEI Number Applied For |
| 21 | | 26 | | | 59-3292279 Not Applicable |
| Suite, Apt. : | ♯, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired Fee Required |
| City & State | • | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No |
| 24 | | 29 30 | <u>o </u> | | 1 orderia i reporty tara |
| | 9. Name and Address of Curren | t Registered Agent | 81 | Name | 10. Name and Address of New Registered Agent |
| MID | CIA, HELIODOLO | | 0. | Maille | · |
| l . | SEURAT STREET | | 82 | Street | et Address (P.O. Box Number is Not Acceptable) |
| _ | E 101 | | _ | | |
| | ANDO FL 32819 | | 83 | | |
| ORL | ANDO FL 32019 | | 84 | City | 85 Zip Code |
| | | | | | FL 15 25 333 |
| 11. Pursuant office or reagent. I as | to the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obligat | 2 and 607.1508, Florida Statutes, of Florida. Such change was auth tions of, Section 607.0505, Florid | , the above norized by a Statutes | e-named the corpo | d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | Signature, typed or printed name of registered ager | of and title if applicable (NOTE: Re | egistered Ager | it signature r | e required when reinstating) DATE |
| 12. | | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | 77 Change ☐ Addition |
| NAME | MURCIA, CONSUELA | | 1.2 NAME | | HUZCIA CONSUETO S 7524 SEURAT ST #101 |
| STREET ADDRESS | 5850 DOLPHIN DRIVE | | 1.3 STREE | ADDRESS | S 7524 SEURAT ST #107 |
| CITY-ST-ZIP | ORLANDO FL 32822 | | 1.4 CITY-S | T- <i>7</i> IP | OBLAWDO, FL. 32819 |
| TITLE | S | ☐ DELETE | 2.1 TITLE | | Lande I Landin |
| NAME | MURCIA, HELIODORO | | 2.2 NAME | | HURUR Heliodono 7524 SEURAT ST #101 |
| 1 | 5850 DOLPHIN DRIVE | | | TADDRESS | S 7524 SEURAT ST A101 |
| STREET ADDRESS | ORLANDO FL 32822 | | 2.4 CITY-S | | DRLANDO FL 32819 |
| CITY-ST-ZIP | M | ☐ DELETE | 3.1 TITLE |) 1-2.ir | H |
| NAME | HURCIA, ANDRES | | 3.2 NAME | | HUMCIA ANCHOSC |
| | 4546 SO SEMORAH BLVD. | | | TADORESS | USUL SO SEMBRAN PAVONS37 |
| STREET ADDRESS | ORLANDO FL 32822 | | 3.4. CITY-S | | DULANDO. +1 31877 |
| CITY-ST-ZIP | | □ DELETE | 4.1 TITLE | 31-ZIP | ORLANDO: F1. 32822 Table 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| TIPLE | t Murcia, maria d | | 4. 2 NAME | | I HURCH HARIN DEIPHIL |
| NAME | 4546 SO SEMORAH BLVD. | | | T ADDRESS | 1 1574 CHURKY STELOI |
| STREET ADDRESS | | | | | ON MINO E 32010 |
| CITY-ST-ZIP | ORLANDO FL 32822 | ☐ DELETE | 4.4 CITY-S | 1-ZIP | ONLIANDO FL 328/9 |
| TITLE | | ET DEFET | 5.1 TITLE 5.2 NAME | | |
| NAME | | | | TADDRESS | |
| STREET ADDRESS | | | | | <u> </u> |
| CITY-ST-ZIP | the . | El no etc | 5.4 CITY-S 6.1 TITLE | I-ZIP | ☐ Change ☐ Addition |
| TITLE | | . DELETE | 6.2 NAME | | ☐ Stange ☐ Addition |
| NAME | - | | U.Z INAME | | |

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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

