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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000087570 (5) DOCUMENT # CARGOPAR AIRLINES. INC. Principal Place of Business Malina Address 13125 SW 104 TERRACE 13125 SW 104 TERRACE MIAMI FL 33186 MIAMI FL 33186 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address **FFI Number** 21 6445 N.W. 25 STREET P.D. BOX 59.2666 26 Suite, Apt. #, etc. Suite, Apt. # etc. 5. Certificate of Status Desired BLD44, 2121 City & State

Fee Required City & State 6. Election Campaign Financing \$5.00 May Be HIAHI FLORIDA HIAHI, FLORIOS. 23 Trust Fund Contribution Added to Fees Zφ Country SADE 8. This corporation has liability for intangible tax under s. 199,032, 93122 33154 24 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 21 Name VIMO, CARLOS R 82 Street Address (P.O. Box Number is Not Acceptable) 13125 SW 104 TERRACE в3 MAMI FL 33186

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

R4 City

Signature Signate, types or probabilises of expression and the consistence of the consist				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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NAME	VIMO, CARLOS R		1.2 NAME	<del>-</del> <del>-</del>
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CITY-ST-ZIP	MIAMI FL 33186		1.4 CHY-S1-2IP	
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NAME	VIMO, CARLOS R		2.2 NAME	<del></del>
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14. Id do never y 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 armusi report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an efficient or of octor of the cornoration 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

SIGNATURE:

7/15/96 (301)5263251

12/02/1994

65-0538622

3a. Date of Last Report

06/14/1995

85

Applied For

\$8.75 Additional

Zip Code

Not Applicable