

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000004535 (7)

1. Corporation Name

D M S CARGO INC.

Principal Place of Business

3100 NW 72 AVE
#129
MIAMI FL 33122

Mailing Address

3100 NW 72 AVE
#129
MIAMI FL 33122



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

COLONNO, MAURICIO
3100 NW 72 AVE
#129
MIAMI FL 33122

3. Date Incorporated or Qualified

01/18/1995

3a. Date of Last Report

4. FEI Number

65-0546826

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

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. I, 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 next to or below signature (if applicable)

(NOTE: Registered Agent Signature is required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME COLONNO, MAURICIO
STREET ADDRESS 3100 NW 72 AVE #129
CITY-STATE-ZIP MIAMI FL 33122

TITLE VD ☐ DELETE

NAME POLONI, MARIO J
STREET ADDRESS 3100 NW 72 AVE #129
CITY-STATE-ZIP MIAMI FL 33122

TITLE TD ☐ DELETE

NAME FILHO, DORVAL S
STREET ADDRESS 3100 NW 72 AVE #129
CITY-STATE-ZIP MIAMI FL 33122

TITLE SD ☐ DELETE

NAME SILVA, LUCIA H
STREET ADDRESS 3100 NW 72 AVE #129
CITY-STATE-ZIP MIAMI FL 33122

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 in 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario J. Poloni 4/2/96 512-6755

CR2E034 (12/95)