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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000006247 (7)**

1. Corporation Name

CARGO EXPRESS TRADING CO, INC.

Principal Place of Business	Mailing Address
4300 S. SEMORAN BLVD., SUITE 103 ORLANDO FL 32822	~~4300 S. SEMORAN BLVD., SUITE 103~~ ~~ORLANDO FL 32822~~

3. Date Incorporated or Qualified: 01/20/1995	3a. Date of Last Report:
4. FEI Number: 52-1912357	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 5340 E. COLONIAL DR	26 5340 E COLONIAL DR
Suite, Apt. #, etc.: 22 E	Suite, Apt. #, etc.: 27 E
City & State: 23 ORLANDO, FL	City & State: 28 ORLANDO, FL
Zip: 24 32807 Country: 25 ORANGE	Zip: 29 32807 Country: 30 ORANGE

9. Name and Address of Current Registered Agent

APONTE, JESUS M
3500 N. WESTMORELAND DRIVE
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: MARIA T APONTE
82 Street Address (P.O. Box Number is Not Acceptable): 3500 N. WESTMORELAND DR.
83
84 City: ORLANDO, FL 85 Zip Code: 32804

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: Maria T. Aponte PRESIDENT
Signature of new or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MARIA T. APONTE (P.) 3500 N. WESTMORELAND DR. ORLANDO, FL 32804 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT DANIEL E. APONTE (VP) 4213 CONTINENTAL BLVD. ORLANDO, FL 32808 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JESUS M. APONTE (S) 3500 N. WESTMORELAND DR. ORLANDO, FL 32804 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	700001870778 -06/21/96--01024--045 ***200.00 ☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: X Maria T. Aponte 4/26/96 (407)249-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

05 5/1/96