

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 27 AM 11:15

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000016649.

1. Corporation Name

PRO CARGO SERVICES, CORP

Principal Place of Business

8284 NW 66 STREET
MIAMI, FL
33166

Mailing Address

8284 NW 66 STREET
MIAMI, FL
33166

2. Principal Place of Business

21 8284 NW 66 ST

Suite, Apt. #, etc

22

City & State

23 MIAMI FL

Zip

24 33166

Country

25 USA

2a. Mailing Address

25 8284 NW 66 ST

Suite, Apt. #, etc

27

City & State

28 MIAMI FL

Zip

29 33166

Country

30 USA

3. Date Incorporated or Qualified

2/28/95

3a. Date of Last Report

1996

4. FEI Number

65-0575147

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

9. Name and Address of Current Registered Agent

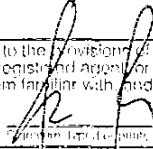
Jesus F. Couso
9531 SW 25 Drive
MIAMI, FL 33165

10. Name and Address of New Registered Agent

81 Name Roger Rodriguez Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 420 Lincoln Road
83 Suite 238, Barnett Bank Bldg
84 City MIAMI BEACH FL 85 Zip Code 33139

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



(NOTE: Registered Agent signature required when registering)

12/23/96

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT/DIRECTOR ☐ DELETE

NAME ALFREDO M. PUIG
STREET ADDRESS 14831 SW 60TH STREET
CITY-STATE-ZIP MIAMI, FL 33193

TITLE SECRETARY, VP., DIRECTOR ☐ DELETE

NAME JESUS COUSO
STREET ADDRESS 9531 SW 25 DRIVE
CITY-STATE-ZIP MIAMI, FL 33165

TITLE VP, TREASURER, DIRECTOR ☒ DELETE

NAME ROGERIO SUPPA
STREET ADDRESS Urbanizacion La Sorpresa Ave, 53 Puerto
CITY-STATE-ZIP Cabello, Estado Carabobo, Venezuela

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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 PRESIDENT/DIRECTOR ☒ Change ☐ Addition

1.2 NAME ALFREDO M. PUIG
1.3 STREET ADDRESS 8284 NW 66 ST
1.4 CITY-STATE-ZIP MIAMI, FL 33166

2.1 TITLE SECRETARY, VP., DIRECTOR ☒ Change ☐ Addition

2.2 NAME JESUS COUSO
2.3 STREET ADDRESS 8284 NW 66 ST
2.4 CITY-STATE-ZIP MIAMI, FL 33166

3.1 TITLE ☐ Change ☐ Addition

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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

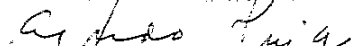
6.2 NAME

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



12/23/96 477-3888

CR2E034 (3/96)

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DIVISION OF CORPORATIONS

FILED

96 DEC 27 PM 3: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

10622 WHEELHOUSE CIRCLE
BOCA RATON FL 33428

[illegible]

12/14/1995

Applied For

Not Applicable

Country

**\$8.75 Additional Fee required
for a Certificate of Status**

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WEISSMAN, BESS	-10622-WHEELHOUSE CIRCLE — #403 232 00 Camino Del Mar	BOCA RATON FL 33428 33433
O	Hyman, Iris	10622 wheelhorse Cir.	Boca Raton Fl 33428
			500002045345--4 -01/03/87--01176--005 ****200.00 ****200.00

9. Name and Address of New Registered Agent

Name _____

Bess weiss man

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

23200 Camino Del Mar

Suite, Apt. #, Etc.

APT #403

City

Cib Boce Raton

State

Zip Code

State FL	Zip Code 33433
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Signature of
Registered Agent

Best. W. 1855. 1855.

REGISTERED AGENT MUST SIGN

Date 12/9/02

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Bliss Weissman

12/19/96

(561) 487-5684

Pa

Daytime Phone #

CH2E040 (7/95)