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

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 27 AM 11:15

DOCUMENT # P95000016649.

1. Corporation Name
PRO CARGO SERVICES, CORP.

Principal Place of Business	Mailing Address
8284 NW 66 STREET Miami, FL 33166	8284 NW 66 STREET Miami, FL 33166.

3. Date Incorporated or Qualified: 2/28/95
3a. Date of Last Report: 1996

2. Principal Place of Business — 21: 8284 NW 66 ST
2a. Mailing Address — 26: 8284 NW 66 ST
4. FEI Number: 65-0575147 ☑ Applied For ☐ Not Applicable

Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23: Miami FL
City & State — 28: Miami FL
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24: 33166
Country — 25: USA
Zip — 29: 33166
Country — 30: USA
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: [signature] 12/23/96.
Signature, type or print name of registering agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT/DIRECTOR	☐ DELETE	1.1 TITLE	PRESIDENT/DIRECTOR	☑ Change ☐ Addition
NAME	ALFREDO M. PUIG		1.2 NAME	ALFREDO M. PUIG	
STREET ADDRESS	14831 SW 60TH STREET		1.3 STREET ADDRESS	8284 NW 66 ST	
CITY-ST-ZIP	MIAMI, FL 33193		1.4 CITY-ST-ZIP	MIAMI, FL 33166.	
TITLE	SECRETARY, VP., DIRECTOR	☐ DELETE	2.1 TITLE	SECRETARY, VP., DIRECTOR	☑ Change ☐ Addition
NAME	JESUS COUSO		2.2 NAME	JESUS COUSO	
STREET ADDRESS	9531 SW 25 DRIVE		2.3 STREET ADDRESS	8284 NW 66 ST	
CITY-ST-ZIP	MIAMI, FL 33165		2.4 CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	VP, TREASURER, DIRECTOR	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROGGIERO SUPPA		3.2 NAME		
STREET ADDRESS	Urbanizacion La Sorpresa Ave, S3 Puerto		3.3 STREET ADDRESS		
CITY-ST-ZIP	Cabello, Estado Carabobo, Venezuela		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

Sp 12/27

700020494427--7
-01/07/97--01172--006
*****61.25 *****61.25

CR2E034 (3/96)

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: [signature] 12/23/96 (305) 477-3828

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

DIVISION OF CORPORATIONS

96 APR

(1)

FILED
96 DEC 27 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000094790

1. Corporation Name

CREATIVE DESIGNS & MARKETING INC.

Principal Place of Business	Mailing Address
10622 WHEELHOUSE CIRCLE BOCA RATON FL 33428	10622 WHEELHOUSE CIRCLE BOCA RATON FL 33428

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	P.O. Box 970115 Suite, Apt. #, etc. Boca Raton, FL
City & State	City & State 33497
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/1995

5. FEI Number: 65-0641543 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	WEISSMAN, BESS	~~10622 WHEELHOUSE CIRCLE~~ #403 23200 Camino Del Mar	BOCA RATON FL 33428 33433
O	Hyman, Iris	10622 Wheelhorse Cir.	Boca Raton Fl 33428
			500002045945--4 -01/03/97--01176--005 ****200.00 ****200.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name: Bess Weissman
Street Address (P.O. Box Number is Not Acceptable): 23200 Camino Del Mar
Suite, Apt. #, Etc.: Apt #403
City: Boca Raton State: FL Zip Code: 33433

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Bess Weissman Date: 12/9/96

REGISTERED AGENT MUST SIGN

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: Bess Weissman 12/9/96 (561) 487-5684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #