

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Secretary of Administration
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000020651 (2)**

1. Corporation Name

MULTICARGO L.A., INC.

Principal Place of Business

**1237 N.W. 93RD COURT
MIAMI FL**

Mailing Address

**1237 N.W. 93RD COURT
MIAMI FL**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt., P.O., etc.

26 State, Apt., P.O., etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

**RUSSO, MARK E
9350 SOUTH DIXIE HIGHWAY
PENTHOUSE TWO
MIAMI FL 33156**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 602.02(1)(a) and 602.02(1)(b), Florida Statutes, this change-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 this appointment as registered agent. I am familiar with and accept the obligations of Section 602.02(1)(a), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE **PSD**
NAME **MONTENEGRO, ROBERTO**
STREET ADDRESS **1237 N.W. 93RD CT.**
CITY-STATE-ZIP **MIAMI FL 33172**

TITLE **VD**
NAME **PALMA, SELVYN**
STREET ADDRESS **1237 N.W. 93RD CT.**
CITY-STATE-ZIP **MIAMI FL 33172**

TITLE **D**
NAME **OROZCO, EFRAIN**
STREET ADDRESS **% 1237 N.W. 93RD CT.**
CITY-STATE-ZIP **MIAMI FL 33172**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

600001772716

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*****200.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberto Montenegro
Roberto Montenegro

(301) 8979980
(301) 8979980

CR2E034 (12/95)

4-8-96