

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90191 011 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000023351**

1. Corporation Name
CARGO HANDLING, INC.

Principal Place of Business 9590 N.W. 40TH STREET ROAD MIAMI FL 33178	Mailing Address 9590 N.W. 40TH STREET ROAD MIAMI FL 33178
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1601 N.W. 70 Avenue Suite, Apt. #, etc. 22 ----- City & State 23 MIAMI, FLORIDA Zip Country 24 33126 25 U.S.A.	2a. Mailing Address 26 P.O. Box 59-3515 Suite, Apt. #, etc. 27 ----- City & State 28 MIAMI, FLORIDA Zip Country 29 33159 30 U.S.A.	3. Date Incorporated or Qualified 03/22/1995	4. FEI Number 65-0682894 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**BOOTH, ROBERT
9590 N.W. 40TH STREET ROAD
MIAMI FL 33178**

10. Name and Address of New Registered Agent

81 Name BOOTH, ROBERT (SAME AGENT)
82 Street Address (P.O. Box Number is Not Acceptable) 1601 N.W. 70th AVENUE
83
84 City MIAMI
85 Zip Code FL 33126

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, typed or printed name of registered 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 PSTV	<input type="checkbox"/> DELETE	1.1 TITLE PSTV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOOTH, ROBERT		1.2 NAME BOOTH, ROBERT	
STREET ADDRESS 8321 S.W. 184TH TERRACE		1.3 STREET ADDRESS 12901 DEVA STREET,	
CITY-ST-ZIP MIAMI FL 33157		1.4 CITY-ST-ZIP MIAMI, FL. 33156	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOOTH, ROBERT		2.2 NAME BOOTH, ROBERT	
STREET ADDRESS 8321 S.W. 184TH TERRACE		2.3 STREET ADDRESS 12901 DEVA STREET,	
CITY-ST-ZIP MIAMI FL 33157		2.4 CITY-ST-ZIP MIAMI, FL. 33156	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Booth **REQUIRE** **ROBERT E. BOOTH** **04/26/99** **(305) 599-9333**

Date

Daytime Phone #

CR2E034 (11/98)

0257530