

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

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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90012 003 ***163.75

02-46602

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000044364

1. Corporation Name
ARGUELLO DELIVERY AND CARGO CORPORATION



Principal Place of Business
 720 N.W. 111TH PLACE #4
 MIAMI FL 33172-3774

Mailing Address
 720 N.W. 111TH PLACE #4
 MIAMI FL 33172-3774

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 955 N.W. 128 court
 Suite, Apt. #, etc.
 22
 City & State
 23 Miami, Florida

2a. Mailing Address
 26 955 N.W. 128 court
 Suite, Apt. #, etc.
 27
 City & State
 28 Miami, Florida

Zip Country
 24 33182 25 U.S.A.
 Zip Country
 29 33182 30 U.S.A.

3. Date Incorporated or Qualified
06/08/1995

4. FEI Number
65-0590945

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
ARGUELLO, GUSTAVO A
720 N.W. 111TH PLACE
#4
MIAMI FL 33172

10. Name and Address of New Registered Agent
 81 Name
Arguello, Gustavo A.
 82 Street Address (P.O. Box Number is Not Acceptable)
955 N.W. 128 court
 83
 84 City **Miami** FL 85 Zip Code **33182**

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] DATE **04/03/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ARGUELLO, GUSTAVO	
STREET ADDRESS	720 N.W. 111TH PLACE #4	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Arguello, Gustavo A.	
1.3 STREET ADDRESS	955 N.W. 128 Court	
1.4 CITY-ST-ZIP	Miami, FL 33182	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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] DATE **04/03/99** 305-228-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)