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

PROFIT. **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000046150**1. Corporation Name

BEST CARGO EXPRESS, INC.

						LIBIO DIIGI ILDAI AILI DOI:	
Principal Plac	ce of Business	Mailing Address				,	
7610 SW 135 A	AVE	7610 S.W. 135TH AVE	NUÈ		·		
MIAMI FL 3318	13	MIAMI FL 33183					
US		US	US		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					06/14/1995		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0589405	Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.			0370303403		
	. <del>.,</del> . 616.	— · · · ·	•		5. Certifcate of Status Desired	\$8.75 Additional	
22		27				Fee Required	
City & Stat	te	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Inta	angible	
24	. 25	29	30		Personal Property Tax.	☐ Yes <b>S</b> (No	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered A	Agent	
	يام - اختلف الماسة الدومتانية الماسية	- w goth - I - o h		81 Name	and the same of th	-	
VAL	DES, ALINA						
383 7610	S.W. 135TH AVENUE				t Address (P.O. Box Number is Not Acceptable)		
MAIM	MI FL 33183			83		直接 改一頭幣。	
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				84 City	. Fi	85 Zip Code	
Mark Bridge	14-11 delete 607	0500 607 4500 51 6	444-44-441			-bitititd	
office or n	to the provisions of Sections 607.	tate of Florida. Such change w	iaiules, ine ai ias authorized	bove-named c	corporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoin	changing its registered	
US agent. La	m familiar with, and accept the ob	ligations of, Section 607.0505	, Florida Statı	ites.	and the dealer of an object to appear		
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered	Agent signature red	guired when reinstating) ) / 1 ( ' DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12	
TITLE			-	15	••		
	1 13	☐ DELET	E 8 1.1 TH	LE	ent year of earth	☐ Change ☐ Addition	
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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.

6.4 CITY-ST-ZIP

SIGNATURE

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90064 045 \*\*\*150.00