**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000061869

1. Corporation Name

CIMREX CARGO, INC.

• • •			
Principal	Place	of	Business

6362 N.W. 82ND AVE

6362 N.W. 82ND AVE

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90027 031 \*\*\*150.00



MIAMI FL 33166	33166 MIAMI FL 33166		DO NOT WRITE IN THIS SPACE						
					3. Date Incorporated or Qualifed				
					08/10/1995				
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For		
21		26			65-0661433		Not Applicable		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	• -	5 Additional Required		
22		27 Cit. 8 State							
<del>_</del>	City & State				6. Election Campaign Financing Trust Fund Contribution		DO May Be ed to Fees		
Zip	Country	Zip Country		8. This corporation owes the current year Intangible					
24	25	29 30			Personal Property Tax.				
	9. Name and Address of Current								
			81	Name		_			
	OUTT, JORGE		82	Street A	Address (P.O. Box Number is Not Acceptable)				
6362 NW 82 ND									
, MIAN	/II FL 33166		83						
	•		84	City		85 2	Zip Code		
	· · · · · · · · · · · · · · · · · · ·					<u> </u>	to registered		
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					quired when reinstating) DATE				
12.	Signature, typed or printed name of registered agen OFFICERS AN		3.	tt signature rei	ADDITIONS/CHANGES TO OFFICERS A	AND DIREC	CTORS IN 12		
TITLE	PVD		1 TITLE	T	7,007,010	Char			
NAME	RIDOUTT, JORGE	1.3	2 NAME						
STREET ADDRESS	14059 SW 53RD TERR.	1.3	3 STREET	ADORESS			ļ		
City-st-zip	MIAMI FL 33175		4 CITY-S						
TITLE	STD		1 TITLE	1		☐ Char	nge 🔲 Addition		
NAME	ESPINACO, ESMERAIDA	2.2	2 NAME						
STREET ADDRESS	14059 SW 53RD TERR.	2.3	3 STREET	ADORESS			}		
CITY-ST-ZIP	MIAMI FL.33175	2	4 CITY-S	T-ZIP					
TITLE		DELETE 3.	1 TITLE			Char	nge 🗌 Addition		
NAME (		3.3	2 NAME	1			l		
STREET ADDRESS	•	3.3	3 STREET	TADORESS			}		
CITY-ST-ZIP			4. CITY-S	T- <b>Z</b> IP	, a de proper species		- Addition		
TITLE .		_	1 TITLE	1		☐ Char	nge 🗌 Addition j		
NAME			2 NAME						
STREET ADDRESS				ADORESS					
CITY-ST-ZIP			4 CITY-S	T- ZIP		[] Char	nge		
TITLE			1 TITLE 2 NAME				ige 🗆 Addition		
NAME				ADDRESS			Ì		
STREET ADDRESS	•		4 CITY-S	1					
CITY-ST-ZIP			4 CITY-S	1-217		☐ Char	nge		
TITLE			2 NAME						
NAME				TADDRESS I	•	. 1	. {		
STREET ADDRESS CITY-ST-ZIP	at the last of		4 CITY-S						
CITY-ST-ZIP	* • • ****		4 OIII-3	1-215					

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 attact ment with an address, with all other like empowered.

SIGNATURE: