

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **D95000065299**

1. Corporation Name
MULTICARGO IMPORT EXPORT CORP.

Principal Place of Business Mailing Address
3116 N.W. 72ND AVENUE MIAMI FL 33122 SAME "

3. Date Incorporated or Qualified **08/23/1995** 3a. Date of Last Report
4. FEI Number **65-0610-626** Applied For Not Applicable
5. Certificate of Status Described **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
LEAL, ANTONIO L 3108 N.W. 72ND AV MIAMI FL 33122

10. Name and Address of New Registered Agent
81 Name **DELMO MOURA**
82 Street Address (P.O. Box Number is Not Acceptable) **905 SO BAYSHORE DR. APT 928**
83
84 City **MIAMI** FL 85 Zip Code **33131**

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 *Delmo Moura* **DELMO MOURA** DATE **04/30/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	LEAL, ANTONIO O. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	IVONBA MOURA
STREET ADDRESS	121 SE 1ST ST.	1.3 STREET ADDRESS	905 SO BAYSHORE DR. APT. 928
CITY - ST - ZIP	MIAMI FL 33131	1.4 CITY - ST - ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DELMO MOURA
STREET ADDRESS		2.3 STREET ADDRESS	905 SO BAYSHORE DR APT 928
CITY - ST - ZIP		2.4 CITY - ST - ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ROBERTO CONI AGUIAR
STREET ADDRESS		3.3 STREET ADDRESS	C/O 905 SO. BAYSHORE DR APT. 928
CITY - ST - ZIP		3.4 CITY - ST - ZIP	MIAMI FL 33131
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	600001854936
CITY - ST - ZIP		5.4 CITY - ST - ZIP	-06/07/96--01012--001
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	***208.75
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 633, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Delmo Moura* **DELMO MOURA** DATE **04/30/96** (305) 594 7000

CR2E034 (12/95)

5/1/96