

AMENDMENT TO ANNUAL REPORT/96 APPROVED AND FILED
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PROFIT CORPORATION ANNUAL REPORT 1996



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

1996 JUL -3 PM 1:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P45000065299 (4)
 1. Corporation Name
 MULTICARGO IMPORT - EXPORT, CORP

600001883946
 -07/03/96--01096--002
 1039.15 **70.00

Principal Place of Business Mailing Address
 3108 NW 72 AVE
 MIAMI, FL 33122

3. Date Incorporated or Qualified 8/23/99
 3a. Date of Last Report 9/28/96

2. Principal Place of Business 37 3124 NW 72 AVE Suite, Apt. #, etc.	2a. Mailing Address 38 3124 NW 72 AVE Suite, Apt. #, etc.	4. FEI Number 65-0610626 Applied For Not Applicable
22 City & State 33 Miami Florida	27 City & State 34 Miami Florida	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33122 Country Dade	29 Zip 33122 Country Dade	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. Name and Address of Current Registered Agent Delmo Moura 3124 NW 72 AVE MIAMI, FL 33122		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name DELMO MOURA
82 Street Address (P.O. Box Number is Not Acceptable) 3124 NW 72 AVE
83
84 City MIAMI FL 85 Zip Code 33122

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: *Delmo Moura* DELMO MOURA 05/03/96
 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT IVONCA MOURA 3124 NW 72 AVE MIAMI, FL 33122 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DELMO MOURA 3124 NW 72 AVE MIAMI, FL 33122 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURY/DIRECTOR ROBERTO CONI AGUIAR 3124 NW 72 AVE MIAMI, FL 33122 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TREASURY/DIRECTOR GABRIEL PESSANHA 3124 NW 72 AVE MIAMI, FL 33122 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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 05/03/96