

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 05 1997 8:00am
Secretary of State

DOCUMENT # P95000065299 (6)

1. Corporation Name
MULTICARGO IMPORT & EXPORT CORP.



Principal Place of Business

3124 N.W. 72ND AVE
MIAMI FL 33122

Mailing Address

3124 N.W. 72ND AVE
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/23/1995
3a. Date of Last Report 05/01/1996

4. FEI Number 65-0610626
Applied For Not Applicable

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 8056 N.W. 29th St.
Suite, Apt. #, etc.

22 City & State
Miami, FL

23 Zip 33122 Country U.S.A.

24 33122 25 U.S.A.

2a. Mailing Address
26 8056 N.W. 29th St.
Suite, Apt. #, etc.

27 City & State
Miami, FL

28 Zip 33122 Country U.S.A.

29 33122 30 U.S.A.

9. Name and Address of Current Registered Agent

MOURA, DELMO
3124 N.W. 72ND AVE
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MOURA, IVONEA
STREET ADDRESS 905 S. BAYSHORE DRIVE #928
CITY-ST-ZIP MIAMI FL 33131

TITLE S
NAME MOURA, DELMO
STREET ADDRESS 905 S. BAYSHORE DRIVE #928
CITY-ST-ZIP MIAMI FL 33131

TITLE TD
NAME DESSANHA, GABRIEL
STREET ADDRESS 3124 N.W. 72ND AVE.
CITY-ST-ZIP MIAMI FL 33122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

9/02/97 596-7000

CR2E034 (4/97)