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 # P95000070600

1. Corporation Name

TAYMAR CARGO, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90026 007 ***150.00

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o, algo, mo.									
Principal Place of Business Mailing Address							i ibbitbar tim raimt Bitte dans anter meter ante	i indii ddiin dii	1 88/11 8811 1881	
13727 S.W. 152 STREET. SUITE 333 13727 S.W. 152 STREET. SUI				TE 333						
MIAMI FL 33177-1106 MIAMI FL 33177-1106										
						<u> </u>	DO NOT WRITE IN TH	S SPACE		
]	3. Date Incorporated or Qualifed			
					_		09/11/1995			
Principal Place of Business 2a. Mailing Address							4. FEI Number		Applied For	
21 26							<u>65-0620243</u>		lot Applicable	
			uite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
22 27							Fee Required			
City & Stat	e		City & State			- 1	6. Election Campaign Financing \$5.00 May Be			
23	28						Trust Fund Contribution Added to Fees			
Žip	Country Zip			Country		- 1	8. This corporation owes the current year Intangible			
24	25	29	3	0			Personal Property Tax.	☐Yes	□No	
	9. Name and Address of Curre	nt Registered A	gent		T		10. Name and Address of New Registere	d Agent		
D14.7	00/4100 1			81	Name	1				
DIAZ, OSVALDO J.				82	Street	Address	ddress (P.O. Box Number is Not Acceptable)			
7951 SW 40TH STREET					1					
SUITE 208B			83	83						
MAIM	11 FL 33155			84	City			. 85 Zip	Code	
				-	\ \text{Only}		F			
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										
OIONATIONE	Signature, typed or printed name of registered age			egistered Age	nt signature	required wi	nen reinstating) DATE			
12.		ND DIRECTORS		13.		-	ADDITIONS/CHANGES TO OFFICERS			
TITLE	DP		☐ DELETE	1.1 TITLE				Change	Addition	
NAME	GARCIA, MARIA ISABEL			1.2 NAME		1			}	
STREET ADDRESS	13727 S.W. 152 STREET, SUIT	E 333		1.3 STREE	TADDRESS	3				
CITY-ST-ZIP	MIAMI FL 33177-1106			1.4 CITY- 8	ST-ZIP					
TITLE	DVTS		☐ DELETE	2.1 TITLE		1		Change	Addition	
NAME	FRANCONE, FRANCO			2.2 NAME						
STREET ADDRESS	AATOT OUL ACO OTDEET OURTE OOG				TADDRESS	3				
CITY-ST-ZIP	MIAMI FL			2. 4 CITY-	ST-ZIP	1				
TITLE			DELETE	3.1 TITLE		<u> </u>		Change	Addition	
NAME				3.2 NAME			and the state of t	-		
STREET ADDRESS				3.3 STREE	TADORESS	,]			}	
CITY-ST-ZIP				3.4. CITY-		-			į	
TITLE			DELETE	4.1 TITLE		T		☐ Change	Addition	
NAME	•			4. 2 NAME						
STREET ADDRESS					TADORESS					
				4.4 CITY-5		1			1	
CITY+ST-ZIP			☐ DELETE	5.1 TITLE	51-2P	 		☐ Change	Addition	
TITLE				5.1 INCE						
NAME	1				TADDRESS	,				
STREET ADDRESS				5.4 CITY-5						
CITY-ST-ZIP			DELETE	6.1 TITLE	/1*2IF	+		☐ Change	Addition	
TITLE			☐ DELETE	6.1 THE		Į				
NAME						,	•)	
STREET ADDRESS					TADDRESS	`			1	
CITY-ST-ZiP				6.4 CITY-5	i-ZIP	L				

14. Lereby certify that the information supplied which the information supplied which the information indicated on this annual report or supplied ental 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 the attempt and address, with all other like empowered.

grange worst cover SIGNATURE: