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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000076759 (6)

NEW WORLD CARGO CORPORATION

7600 SW 105TH TER 7600 SW 105TH TER MIAMI FL 33156-3809 MIAMI FL 33158 3. Date Incorporated or Qualified 3a. Date of Last Report 10/02/1995 01/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0611472 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 **Trust Fund Contribution** Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name GOLDMAN, BRUCE J CITY NATIONAL BANK BLDG Street Address (P.O. Box Number is Not Acceptable) **B2** 2701 LE JEUNE RD SUITE 404 83 CORAL GABLES FL 33134 84 City 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, typod or printed name of registered agent and fire if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE Change Addition 1.1 TITLE THEF Ď NAME LIMA, ROSE M 1.2 NAME 7600 SW 105TH TER STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33158** 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 2.1 TITLE DILLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIF DELETÉ Change Addition 31 TITLE 1:11 F NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CHTY - ST - ZIP 34. City-St-ZiP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 5.1 TITLE TIT:E NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - 7(P 5.4 City-St-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE NAMÉ 6.2 NAME STREET ADDRESS. 6.3 STREET ADDRESS

64 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 regeriver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 1

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

attachment with an address

1/27/97 (305) 668-2808

FILED

Jan 31 1997 8:00am

Secretary of State

R2E034 (9/96)