

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000079905 (2)

1. Corporation Name
CROSS CARGO INC.

Principal Place of Business

8284 N.W. 56TH ST.
MIAMI FL 33166

Mailing Address

8284 N.W. 56TH ST.
MIAMI FL 33166-4018

FILED
Jun 16 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
10/18/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

APPLIED FOR

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

FLEITES, WILFREDO
114 MADEIRA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

CONSUELO HOYOS

82 Street Address (P.O. Box Number is Not Acceptable)

5900 SW 45th STREET

83

84 City
MIAMI

FL

85 Zip Code
33155

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

Consuelo Hoyos

CONSUELO HOYOS-PRESIDENT

JUNE-4-1997

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

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SEGURA, GLORIA
STREET ADDRESS 8284 N.W. 56TH ST.
CITY-ST-ZIP MIAMI FL 33166

DELETE

TITLE
NAME DIRECTOR
STREET ADDRESS GLORIA SEGURA
CITY-ST-ZIP 5900 SW 45th STREET-MIAMI, FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/SECRETARY
1.2 NAME CONSUELO HOYOS
1.3 STREET ADDRESS 5900 SW 45th STREET-MIAMI, FL
1.4 CITY-ST-ZIP

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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.

CP2E034 (9/96)

Form **SS-4**(Rev. December 1995)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► **Keep a copy for your records.**

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) CROSS CARGO INC.		3 Executor, trustee, "care of" name	
	2 Trade name of business (if different from name on line 1)			
	4a Mailing address (street address) (room, apt., or suite no.) 8284 NW 56th STREET		5a Business address (if different from address on lines 4a and 4b) SAME	
	4b City, state, and ZIP code MIAMI, FLORIDA 33166-4018		5b City, state, and ZIP code	
	6 County and state where principal business is located DADE COUNTY - STATE OF FLORIDA			
	7 Name of principal officer, general partner, grantor, owner, or trustee. SSN required (See instructions.) ► SS # 592-72-2944 CONSUELO HOYOS			
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input checked="" type="checkbox"/> Other corporation (specify) ► C <input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Trust <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) ► (enter GEN if applicable) <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other (specify) ►			
8b If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA		State Foreign country		
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ► <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ► <input type="checkbox"/> Banking purpose (specify) ► <input type="checkbox"/> Changed type of organization (specify) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ► <input type="checkbox"/> Other (specify) ►				
10 Date business started or acquired (Mo., day, year) (See instructions.) OCTOBER -18-1995		11 Closing month of accounting year (See instructions.) OCTOBER		
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ► JULY-4-1997				
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) ► -1-				
14 Principal activity (See instructions.) ► CARGO TRANSPORTATION				
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►				
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> N/A				
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.				
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►				
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN				
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.				
Name and title (Please type or print clearly.) ► CONSUELO HOYOS - PRESIDENT		Business telephone number (include area code) (305) 594-4535 Fax telephone number (include area code) (305) 594-4584		
Signature ► <i>Consuelo Hoyos</i>		Date ► JUNE-4-1997		
Note: Do not write below this line. For official use only.				
Please leave blank ►		Reason for applying		