

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P95000080704 (6)**

1. Corporation Name

**FULL TRANSCARGO INC.**



Principal Place of Business

Mailing Address

**12527 SW 94TH TERR  
MIAMI FL 33186**

**12527 SW 94TH TERR  
MIAMI FL 33186**

2. Principal Place of Business

21 **1740 N.W. 96TH AVENUE**

2a. Mailing Address

26 **1740 N.W. 96TH AVENUE**

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **MIAMI, FLORIDA**

City & State

28 **MIAMI, FLORIDA**

Zip

24 **33186**

Country

25 **U.S.A.**

Zip

29 **33186**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAVARRIAGA, ANA LUCIA  
12527 SW 94TH TERR  
MIAMI FL 33186**

81 Name

**Ana Lucia Chavarriaga**

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

**1740 N.W. 96TH AVENUE**

83

84 City

**MIAMI, FLORIDA**

FL

85 Zip Code

**33172**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE
NAME	<b>CARVAJAL, MARIA</b>	
STREET ADDRESS	<b>12527 SW 94TH TERR</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARVAJAL, MARIA</b>	
STREET ADDRESS	<b>12527 SW 94TH TERR</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33186</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PVST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CARVAJAL, MARIA DEL CARMEN</b>	
1.3 STREET ADDRESS	<b>1740 N.W. 96TH AVENUE</b>	
1.4 CITY-STATE-ZIP	<b>MIAMI, FL 33172</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CARVAJAL, MARIA DEL CARMEN</b>	
2.3 STREET ADDRESS	<b>1740 N.W. 96 AVENUE</b>	
2.4 CITY-STATE-ZIP	<b>MIAMI, FLORIDA 33172</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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: Ana L. Chavarriaga, Ana Lucia Chavarriaga, 01/15/96 (305) 718 9088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)