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 # P95000080704 (6)

STREET ADDRESS



FULL TI	RANSCARGO INC.									
Principal Plac	e of Business	ddress				I NOGULABI NIN ŞDIDI ƏFRIN BÜNÜN ÇBINI B	MHAL MALLAK LÜLL	\$ 00 100 1 00 011 50 11)) 0101 (00 1	
1740 NW 96TH MIAMI FL 3310 US			1740 NW 96TH AVE Miami Fl 33172-2317 US							
						-	 Date Incorporated or Qualified 10/18/1995 		ate of Last R /13/1996	leport
2. Principal P	lace of Business	2a. Mailin	g Address				4. FEI Number		·	pplied For
21		26					65-06 15469		No	ot Applicable
Suite Apt.	# Old:	Suite,	Suite, Apt. #, etc.				Certificate of Status Desired Section Section			
City & Stat	0	City &	State				6. Election Campaign Financing		\$5.00	May Ba
23	· · · · · · · · · · · · · · · · · · ·	28					Trust Fund Contribution		Added t	
<i>Z</i> ₁p	Country	Zip		Count	ry		8. This corporation has liability fo	r intangible	a tax under s	. 199.032,
24	25		29		30		Florida Statutes Yes No			
	9. Name and Address of Cui	rrent Registered /	Agent		<u> </u>		10. Name and Address of New F	egistered	Agent	
	AVARRIAGA, ANA LUCIA O NW 96TH AVE			8						
	MI FL 33172					Addres	idress (P.O. Box Number is Not Acceptable)			
				8:						
				1	4 City			FL	_ '	Code
11. Pursuant office or r agent if a	to the provisions of Sections 607, registered agent, or both, in the St im familiar with, and accept the of	0502 and 607,1500 late of Florida. Suc bligations of: Section	8, Florida Statu th change was on 607.0505, F	tes, the abo authorized t lorida Statut	ve-named by the corp es.	d corporation	ation submits this statement for the 's board of directors. I hereby acc	purpose o ept the apr	if changing it pointment as	is registered registered
SIGNATURE	Signature itypical or ported harrierof riggs) kies	Lace of sect fit entraceboa	tile (NO	TE: Registered A	nent sinnature	e required :	(han re-intelling)	DATE		······································
12.	. 100100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND DIRECTORS				e required	ADDITIONS/CHANGES TO OFF		D DIRECTOR	3S IN 12
TITLE	PVST		DELETE	13.		T			☐ Change	Addition
NAME	CARVAJAL, MARIA			1.2 NAME	:				-	
STREET ADDRESS	1740 NW 96TH AVE			1.3 STRE	ET ADDRESS					
CITY+ST ZIP	MIAMI FL			1.4 CITY	ST-ZIP					
TITLE	D		DELETE	2.1 TITLE	***********	·			Change	Addition
NAME	Carvajal, Maria del Ca	RM		2.2 NAME						
STREET ADDRESS	1740 NW 96TH AVE			2.3 STREE	ET ADDRESS					
CHY+ST-ZIP	MIAMI FL			2. 4 CITY	-ST-ZIP					
TITLE			DELETE	3.1 TITLE		1		,	☐ Change	Addition
NAME				3.2 NAME	:		ra			
STREET ADDRESS				3.3 STREE	ET ADDRESS					
CHY-ST-ZIP				3.4. CITY	-ST-ZIP	1				
TITLE			DELETE	4.1 TITLE				,	Change	Addition
NAM {				4. 2 NAM	E ;					
STREE! ADDRESS	ls			4.3 STREE	ET ADDRESS					
CITY+5*-ZIP				4.4 CITY	ST-ZIP					
TITLE			DELETE	5.1 TITLE					Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5 3 STREI	ET ADDRESS					
City - St - ZiP				5.4 CITY						
TITLE	·····		DELETE	6.1 TITLE		 			☐ Change	Addition
NAME				6.2 NAME	:	1			-	

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 Brock 13 if charified, or one ag attachment with an address SIGNATURE:

FILED

Jan 28 1997 8:00am

Secretary of State

Davtime Phone #