


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

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000002257 (9)</b>			
1. Corporation Name <b>INTERNATIONAL CARGO MANAGEMENT, INC</b>			
Principal Place of Business <b>7084 N.W. 50TH STREET MIAMI FL 33186</b>		Mailing Address <b>7084 N.W. 50TH STREET MIAMI FL 33186-5634</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent <b>RAVELO, ANDREA 7084 N.W. 50TH STREET MIAMI FL 33186</b>		10. Name and Address of New Registered Agent	
81 Name <b>Ravelo, Elizar</b>		82 Street Address (P.O. Box Number is Not Acceptable)	
83 <b>Same</b>		84 City <b>Same</b>	
85 <b>FL</b>		86 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 <b>[Signature]</b>		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RAVELO, ELIZAR C	1.2 NAME	
STREET ADDRESS	7082 N.W. 50TH STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33186	1.4 CITY- ST- ZIP	
TITLE	STD	2.1 TITLE	
NAME	RAVELO, ANDREA	2.2 NAME	
STREET ADDRESS	7082 N.W. 50TH STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33186	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 Block 13 if changed, or as an attachment with an address.			
SIGNATURE: <b>[Signature]</b>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	



CR2E034 (9/96)