


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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000008271 (4)

1. Corporation Name
R.G. CARGO, INC.

Principal Place of Business

8379 NW 66 STREET
MIAMI FL 33166

Mailing Address

8379 NW 66 STREET
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

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
25	30

3. Date Incorporated or Qualified	Applied For
01/26/1996	Not Applicable
4. FEI Number	
65-0645103	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	<input type="checkbox"/>
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

PINERES-CHAVES, RICARDO G
8379 NW 66 STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name	ZORAIDA GUTIERREZ de PINERES
82 Street Address (P.O. Box Number is Not Acceptable)	4180 N.W. 79 Ave. Apt. # 2-C
83	
84 City	MIAMI
85 State	FL
86 Zip Code	33166

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 Zoraída Gutierrez de Píneres DATE 4-20-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	PINERES-CHAVES, RICARDO G	
STREET ADDRESS	8379 NW 66 STREET	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GTZ. PINERES, ZORAIDA	
STREET ADDRESS	AVE. 79 N.W. 4580	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GTZ. PINERES, CLADIS CHAVES DE	
STREET ADDRESS	AVE. 79 N.W. 4580 ST.	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	GERMAN, LOAIZA	
STREET ADDRESS	8379 N.W. 66 STREET	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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

SIGNATURE: Zoraída Gutierrez de Píneres 3-31-98 590-6905

CR2E034 (10/97)