

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000037790 (8)

1. Corporation Name
COCO CARGO SERVICES, INC.

Principal Place of Business 205 W 19TH ST HIALEAH FL 33010	Mailing Address 205 W 19TH ST HIALEAH FL 33010-2530
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2. Principal Place of Business 21 8290 LAKB DR Suite, Apt #, etc. 22 # 344 City & State 23 Miami, FL Zip 24 33166		2a. Mailing Address 26 8290 LAKB DR Suite, Apt #, etc. 27 # 344 City & State 28 Miami, FL Zip 29 33166		3. Date Incorporated or Qualified 04/26/1996		3a. Date of Last Report	
				4. FEI Number 65-0662346		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BERGEZ, MARTA C 205 W 19TH ST HIALEAH FL 33010				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 8290 LAKB DR			
				83 # 344			
				84 City Miami			
				FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGEZ, GUILLERMO A	1.2 NAME	
STREET ADDRESS	205 W 19TH ST	1.3 STREET ADDRESS	8290 LAKB DR #344
CITY - ST - ZIP	HIALEAH FL 33010	1.4 CITY - ST - ZIP	Miami, FL 33166
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORONADO, ISRAEL A	2.2 NAME	
STREET ADDRESS	2441 NW 34TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33142	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGEZ, MARTA C	3.2 NAME	
STREET ADDRESS	205 W 19TH ST	3.3 STREET ADDRESS	8290 LAKB DR #344
CITY - ST - ZIP	HIALEAH FL 33010	3.4 CITY - ST - ZIP	Miami, FL 33166
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

SIGNATURE: X 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 (305) 470-7232
Date Daytime Phone #

CR2E034 (9/96)