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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037790 (8)

FILED Apr 30 1998 8:00am Secretary of State

| COCO | CARGO SERVICES, INC. | | | |) |
|---|--|---|---|--|--|
| Principal Plac | ce of Business | Mailing Address | | - I DRAHEDH HIG ODNIG BOHN BOHN GONN BOHN BOHN B | |
| 8290 LAKE D | NR | 8920 LAKE DR | | | |
| #344 | | | | | |
| MAMI FL 33166 | | MIAMI FL 33166 | | DO NOT WRITE IN THI | S SPACE |
| US | | US | | 3. Date Incorporated or Qualified | |
| Drivered (| Disease of Disease of | TO A ALTONIA DISCONTINUO | | 04/26/1996 | ······································ |
| <u> </u> | Place of Business | 2a. Mading Address | | 4. FEI Number | Applied For |
| 21 Suite, Apt | t # .ntc | Suite, Apt. #, etc | | 65-0662346 | Not Applicable \$8.75 Additional |
| 22 | , | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Sta | ate | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the o | |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. | Yes No |
| | 9. Name and Address of Curre | | | 10. Name and Address of New Registere | d Agent |
| BE | RGEZ, MARTA C | | 81 Name | | |
| 8290 LAKE DR | | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| #3 | | | all col Add | areas (1.0. box Hambor is Not Necoplable) | |
| MI | AMI FL 33166 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | D4 City | F | L 85 Zip Code |
| office or agent. It | | | | poration submits this statement for the purpose ation's board of directors. I hereby accept the a | or changing its registered ppointment as registered |
| 12. | Signature typed or protect teams of riginitized an | ioni and tille if application (NO ND DIRECTORS | The Registered Agent signature requirements 13. | ADDITIONS/CHANGES TO OFFICERS A | ID DIRECTORS IN 12 |
| TITLE | DP | DELETE | 1.1 101.6 | ADDITIONS/CHANGES TO OFFICERS A | Change Addition |
| NAME | BERGEZ, GUILLERMO A | La perere | 1.2 NAME | | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | | | |
| TITLE | V | DELETE | 1.4 CHY-ST-ZIP 2.1 THILE | | Change Addition |
| NAME | CORONADO, ISRAEL A | | 2.2 NAME | • | |
| STREET ADDRESS | 1 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33142 | | 2 4 CITY - ST - ZIP | | |
| TITLE | ST | | 31 TITLE | | |
| NAME | BERGEZ, MARTA C | [] UFCF1E | | | Change Addition |
| STREET ADDRESS | | ☐ DELETE | 3.2 NAME | | Change Addition |
| | | □ Diffif | 3.2 NAME | | Li Change Li Addition |
| | 8290 LAKE DR #344 MAMI FL | OFFER | 3.2 NAME 3.3 STREET ADDRESS | | Li Change Li Addition |
| CITY-ST-ZIP TITLE | 8290 LAKE DR #344 | DELETE | 3.2 NAME | | Change Addition |
| CITY-ST-ZIP | 8290 LAKE DR #344 | | 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP | | |
| CITY-ST-ZIP TITLE | 8290 LAKE DR #344 MIAMI FL | | 3 2 NAME 3 3 STREET ADDRESS 3 4 . CITY - ST - ZIP 4 1 TITLE | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | 8290 LAKE DR #344 MIAMI FL | | 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE NAME | 8290 LAKE DR #344 MIAMI FL | | 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 41 TITLE 4. 2 NAME | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 8290 LAKE DR #344 MIAMI FL | ☐ D£L€1E | 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP | | ☐ Change ☐ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 8290 LAKE DR #344 MIAMI FL | ☐ D£L€1E | 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME | | ☐ Change ☐ Addition |
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| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 8290 LAKE DR #344 MIAMI FL | DELETE | 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE | | Change Addition Change Addition |

14. Thereby 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 eath; that I am an officer or director of the occivior are trusted 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.

4/20/98 (305) 470-7232