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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000044658

COSTA CARGO EXPRESS, INC.

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90141 006 \*\*\*150.00



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Principal Place of Business Mailing Address						( 1841/201 kir ibika bikki bekki bekki bakki bakki birik bikab bike biker bikak ibika			
11551 S.W. 97TH STREET 11551 S.W. 97TH STREET MIAMI FL 33176 MIAMI FL 33176			ī						
						DO NOT WRITE IN T	HIS SPACE		
						3. Date Incorporated or Qualifed			
2. Principal	Place of Business					05/20/1996			
21	Tidde of Business	2a. Mailing Address				4. FEI Number	- $$ $$	Applied For	
Suita Ant # -t-						65-0667326		Not Applicable	
22	,, d.o.	Suite, Apt. #, etc.	¬					Additional	
City & State		27	City & State			5. Certificate of Status Desired		Required	
23		<u> </u>	<del></del>			6. Election Campaign Financing \$5.00 May Be			
Zip	Country	Zip				Trust Fund Contribution	Adde	d to Fees	
24	25	29		untry		8. This corporation owes the current year	Intangible		
	9. Name and Address of Currer	t Registered Agent	30	<del>,                                    </del>		Personal Property Tax.	☐ Yes	□No	
		A registered Agent		81	Name	10. Name and Address of New Registere	d Agent		
	Z, LIZETTE				Name				
	51 S.W. 97TH STREET			82	Street Addr	Address (P.O. Box Number is Not Acceptable)		<del></del>	
MIA	MI FL 33176			$\square$					
				83					
				84	City		96 7:0	0-4-	
11. Pursuant	t to the provisions of Sections 607.050	2 and 607 4500 Et				F		Code	
office or i	registered agent, or both, in the State of	of Florida. Such change was a	es, the ai uthorized	bove-r i hv th	named corporation	pration submits this statement for the purpose in a board of directors. I hereby accept the app	of changing it	s registered	
3 / 1	and accept the obligat	ions of, Section 607.0505, Flo	rida Statı	utes.	o oci poralio	ms board of directors. I hereby accept the app	ointment as r	egistered	
SIGNATURE	Signature, typed or printed name of registered agent		_					i	
12.	OFFICERS AND			Agent si	gnature required	when reinstating) DATE			
TILE	PD DELETE		_	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
IAME	DIAZ, LIZETTE	□ pereie	1.1 ТІТ				Change	☐ Addition	
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AE .			6.2 NAME	Ε	ĺ		C. Criange	☐ Addition	
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/-ST-ZIP		•	6.4 CITY-	ST-ZIP	1	_		1	

4. 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE: