

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # P96000045559

1. Corporation Name

SWEET CARGO ENTERPRISES, INC.

Principal Place of Business
8025 N.W. 36 ST.
Ste 322
MIAMI, FL. 33166

Mailing Address
P.O. Box 173271
HIALEAH, FL. 33017

3. Date Incorporated or Qualified
5/22/96

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0672437

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name WILLIAM E. JIMENEZ

82 Street Address (P.O. Box Number is Not Acceptable)

83 6240 N.W. 199 ST.

84 City MIAMI, FL 85 Zip Code 33015

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

William E. Jimenez
Signature of registered agent or name of registered agent and title if applicable

WILLIAM E. JIMENEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME JAIR V. ROMERO
STREET ADDRESS 7853 W. 36 AVE. Apt.204
CITY-ST-ZIP HIALEAH, FL. 33016

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME WILLIAM E. JIMENEZ
1.3 STREET ADDRESS 6240 N.W. 199 ST.
1.4 CITY-ST-ZIP MIAMI, FL. 33015

TITLE ☐ DELETE

NAME MINERVA GANGES
STREET ADDRESS 7853 W. 36 AVE. Apt.204
CITY-ST-ZIP HIALEAH, FL. 33016

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME CARLOS LLINAS
3.3 STREET ADDRESS 6240 N.W. 199 ST.
3.4 CITY-ST-ZIP MIAMI, FL. 33015

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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***165.00

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:

William E. Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. JIMENEZ

Date

Daytime Phone #

4/29/97 (305) 477-7691

CR2E034 (9/96)