

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

FILED  
May 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000045559  
1. Corporation Name

SWEET CARGO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3900 N.W. 79 AVE.	26	18924 N.W. 91 AVE.	5/22/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Suite 480	27		65-0672437	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	MIAMI, FL.	28	MIAMI, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. 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	
24	33166	29	33015		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	JOSEFINA OLACIREGUI	
82	Street Address (P.O. Box Number is Not Acceptable)		
83		18924 N.W. 91 AVE.	
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 *Josefina Olaciregui* JOSEFINA OLACIREGUI 4/29/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	WILLIAM E. JIMENEZ	1.2 NAME	JOSEFINA OLACIREGUI
STREET ADDRESS	6240 N.W. 199 ST.	1.3 STREET ADDRESS	18924 N.W. 91 AVE.
CITY-ST-ZIP	MIAMI, FL. 33015	1.4 CITY-ST-ZIP	MIAMI, FL. 33015
TITLE	V	2.1 TITLE	
NAME	MINERVA GANGES	2.2 NAME	
STREET ADDRESS	7853 W. 36 AVE. Apt. 204	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL. 33016	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	CARLOS LLINAS	3.2 NAME	
STREET ADDRESS	6240 N.W. 199 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33015	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Josefina Olaciregui* JOSEFINA OLACIREGUI 4/29/98 (305) 477-7691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)