

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

Amended

FILED

Aug 28 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 # P96000046376
1. Corporation Name

Infiniti Cargo Inc.

Principal Place of Business
1229 N.W. 32 Place
Miami, FL 33126

Mailing Address
1229 N.W. 32 Place
Miami, FL 33126

3. Date Incorporated or Qualified 05/31/96
3a. Date of Last Report 04/02/97

2. Principal Place of Business
21 8357 W. Flagler St

2a. Mailing Address
26 8357 W. Flagler St

4. FEI Number 65-0668343
Applied For Not Applicable

Suite, Apt. #, etc. 22 144

Suite, Apt. #, etc. 27 144

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Miami, FL

City & State
28 Miami, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 33144 25 USA

Zip Country
29 33144 30 USA

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

9. Name and Address of Current Registered Agent

Claudia Madrid
1229 N.W. 32 Place
Miami, FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/T/S/D	<input type="checkbox"/> DELETE
NAME	Claudia Madrid	
STREET ADDRESS	1229 N.W. 32 Place	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Angela Maria Castano
23 STREET ADDRESS	8357 W. Flagler St. Ste 144
24 CITY-ST-ZIP	Miami, FL 33144
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	300002280663
63 STREET ADDRESS	-08/28/97--01004--013
64 CITY-ST-ZIP	***\$1.25

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: Angela M. Castano ANGELA MARIA CASTANO 7/14/97 (305) 387-7649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)