


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

07-20-1999 90028 002 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000065197**

1. Corporation Name  
**CARGO PROPERTIES GROUP, INC.**



Principal Place of Business 8821 S.W. 69TH CT. SUITE A MIAMI FL 33156-1600	Mailing Address 8821 S.W. 69TH CT. SUITE A MIAMI FL 33156-1600
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>450 N. Park Road</b>		2a. Mailing Address 26 <b>450 N. Park Road</b>		3. Date Incorporated or Qualified <b>08/05/1996</b>	
Suite, Apt. #, etc. 22 <b>403</b>		Suite, Apt. #, etc. 27 <b>403</b>		4. FEI Number <b>65-0690288</b>	
City & State 23 <b>Hollywood FL</b>		City & State 28 <b>Hollywood FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>33021</b>		Zip 29 <b>33021</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country 25 <b>U.S.</b>		Country 30 <b>U.S.</b>		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**NEVINS, ARNOLD**  
**46 S.W. FIRST ST., #400**  
**MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name	<b>Steve Carner</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2000 Bayshore Drive</b>
83	<b>Villa 15</b>
84 City	<b>Coconut Grove</b>
85 Zip Code	<b>FL 33133</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARNER, STEPHEN</b>	1.2 NAME	<b>Carner, Stephen</b>
STREET ADDRESS	<b>46 SOUTHWEST FIRST STREET</b>	1.3 STREET ADDRESS	<b>2000 Bayshore Drive, Villa 15</b>
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	1.4 CITY-ST-ZIP	<b>Coconut Grove, FL 33133</b>
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOUGHAN, LEO</b>	2.2 NAME	<b>Goughan, Leo</b>
STREET ADDRESS	<b>46 SOUTHWEST FIRST STREET</b>	2.3 STREET ADDRESS	<b>450 North Park Road, Suite 403</b>
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	2.4 CITY-ST-ZIP	<b>Hollywood, FL 33021</b>
TITLE	STVP <input type="checkbox"/> DELETE	3.1 TITLE	ST/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOUGHAN LEO</b>	3.2 NAME	<b>Goughan, Leo</b>
STREET ADDRESS	<b>46 SOUTHWEST FIRST ST.</b>	3.3 STREET ADDRESS	<b>450 North Park Road, Suite 403</b>
CITY-ST-ZIP	<b>MIAMI F</b>	3.4 CITY-ST-ZIP	<b>Hollywood, FL 33021</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: **LEO S Goughan** *Leo S Goughan Vice Pres* **7-13-99** **954-983-6663**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)