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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000067311 (6)

CTC CARGO, INC.

Principal Place of Business Mailing Address  600 NE 36TH STREET 600 NE 36TH STREET  8UTE 203  MIAMI FL 33137  MIAMI FL 33137-3950						
	•	(A)		3. Date Incorporated or Qualified 08/07/1996	3a. Date of Last Report	
21 600	N-C-36 57.	2a. Mailing Address 26 600 N.C.	36st	4. FEI Number 65-0692868	Applied For Not Applicable	
Suite, Apt. 22 20	3	Suite, Apt. #, etc. 27 203		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 14 / 14	mi H.	20 7.0	A.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 Zip 3 3/.	37 Country 25 DADG		Country 30 DAOC	8. This corporation has liability for in Florida Statutes 10. Name and Address of New Reg	Yes No	
CER	VERA, CECILIA T		81 Name			
600 NE 38TH STREET			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 203 MAMI FL 33137			83			
MINA	MI 1				lee l Zin Contr	
			84 City		FL 85 Zip Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familier with, and accept the obliga	of Florida. Such change was at	Ithorized by the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agen	ALONE.			(SAT)	
12.	OFFICERS AND		Registered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAME ,	CERVERA, CELILIA T		1.2 NAME		1	
STREET ADDRESS	600 NE 36TH STREET MIAMI FL 33137		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	D D	DELFTE	1.4 City - \$1 - ZIP 2.1 Title		Change Addition	
NAME	MAGUIRE, MELISSA	<u></u>	2.2 NAME		En orango En ribonion	
STREET ADDRESS	600 NE 36TH STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33137		2.4 CHY-ST-ZIP			
TITLE	D MACHINE CHRISTINA	☐ DELETE	3 1 TITLE		Change Addition	
NAME	MAGUIRE, CHRISTINA 600 NE 36TH STREET		3 2 NAME			
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33137		3.3 STREET ADDRESS 3.4. CITY+S1-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	***************************************		4.4 CITY - S1 - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	,	DELETE	5.4 CITY - S1 - ZIP 6.1 TITLE		Change Addition	
NAME		<del></del>	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in pranged, or on an attachment with an address.

A.A...

+ /1/07

**FILED** 

May 15 1997 8:00am

Secretary of State