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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067533

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

CALYPSO CARGO EXPRESS CORP.

Principal Flace of Business	Mailing Address
8340 NW 53 ST.	8340 NW 58 ST.
MIAMI FL 33166	MIAMI FL 33166

26

27

28

29

Zip

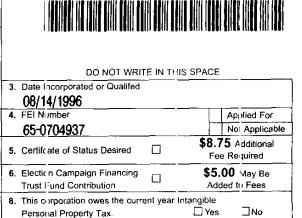
2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90079 002 ***150.00



LEWIS, EDGAR E 200 S BISCAYNE BLVD **SUITE 2000 MIAMI FL 33131**

Country

9. Name and Address of Current Registered Agent

		10.	Name	and	Α	٩d٥	dres	ss o	f Nev	v Reg	giste	red A	\gent	:		
81	Name															
82	Street A	idress (F	O. Box	. Nur	mt	bei	r is	Not	Acce	ptabí	e)					
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.

Country

30

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOT	. Registered Agent signature r	required when reinstating) DATE	_
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	N 12
TITLE	DPS DELETE	1.1 TITLE	☐ Change	Addition
NAME	PRINZ, ADALBERTO	1.2 NAME		
STREET ADDRESS	8340 NW 58 ST.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP		
TITLE	DV DELETE	2.1 TITLE	☐ Change ☐	Addition
NAME	LACHAISE, CHRISTIAN	2.2 NAME		
STREET ADDRESS	8340 NW 58 ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	Addition
NAME		32 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE	Change	Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐	Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	61 TITLE	☐ Change ☐	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 filling 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, with at other like empowered.

SIGNATURE: