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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ,

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069942 (6)

**FILED** Feb 25 1998 8:00am Secretary of State

ASECO	DEXPORT CARGO, INC.					
Principal Plac	o of Business	Mailing Address		1 (49)3401 540 (4)14 61)11 6015 50111 60(1) 00110 61	ja 1816 <b>0</b> (866) B184 <b>0 (18) (69</b> )	
4739 NW 72NO AVE Miami FL 33166 US		4739 NW 72ND AVE MIAMI FL 33166 US		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified 08/22/1996		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0690957	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
<b>23</b> Zip	Country	Z(p	Country	Trust Fund Contribution	Added to Fees	
24	25	29 3	~ ·	This corporation owes or has paid the cur     Personal Property Tax due June 30.	rentyear intangible Yes ☐ No	
<u></u>	9. Name and Address of Curre		<u></u>	10. Name and Address of New Registered	_	
MI	EJIA, JAIME		81 Name			
8013 LAKE DR., #103			82 Street Addr	Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33166			Pringer Wool	1 00 DOX NOTHER IS NOT Acceptable)		
			83			
			84 City		85 Zip Code	
			- "	FL		
11. Pursuant office or a	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes, le of Llorida, Such change was aut	the above-named corp	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered	
agent. I e	rn familiar with, and ectopt the obli	gations of, Section 607.0505, Floric	la Statutes.			
SIGNATURE	<del>}</del>				05.98	
12.		gent and little if applicable (NOTE R ND DIRECTORS	egistered Agent signature requir	red when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DP J STREET	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO CITICENS AND	Change Addition	
NAME	MEJIA, JAIME	_	1.2 NAME			
STREET ADDRESS	8013 LAKE DR., #103		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166		1.4 City-St-ZiP			
TITLE	DV	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	DIAZ, JAIME		2.2 NAME			
STREET ADDRESS	8013 LAKE DR., #103		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166		2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition	
TITLE		☐ Office	4.1 TITLE		Change Addition	
NAME OTREET ADDRESS			4. 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	·	☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS	1		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY+ST-ZIP			
TITLE	<del> </del>	DELETE	61 TITLE	<del></del>	☐ Change ☐ Addition	
NAME		DELLIE				
	ļ	bettie	6.2 NAME			
STREET ADDRESS		_ with				

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 fusible empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an all achieven with an address.

**SIGNATURE:** 

1 07-65-98