

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
EVINSA CARGO EXPRESS INC.



6230 N.W. 173RD STREET
SUITE 915
MIAMI FL 33015

8230 N.W. 173RD STREET
SUITE 915
MIAMI FL 33015-4529

3a. Date of Last Report

Applied For

Not Applicable

**\$8.75 Additional
Fee Required**

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when re-instating)

DATE.

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dele

Daytime Phone #

0122409

CR2E034 (9/96)