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**

POCUMENT # P96000073676 (4)

EVINSA CARGO EXPRESS INC. Pre-cipal Place of Business Mailing Address 6230 N.W. 173RD STREET 8230 N.W. 173RD STREET SUITE 915 SUITE 915 MIAMI FL 33015 MIAMI FL 33015-4529 3. Date Incorporated or Qualified 3a. Date of Last Report 09/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number ூர் Applied For 65-0695532 7370 NW 36 Street Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 386 27 Fee Required \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees Country Zip 8. This corporation has liability for intangible tax under s. 199 032, 25 USA Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent EVINS, VICTOR RAUL 6230 N.W. 173RD STREET Street Address (P.O. Box Number is Not Acceptable) **SUITE 915 MIAMI FL 33015** В3 84 City Zip Code 85 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 Ismil' ar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE Signature, typical or printed name of neglistored agent and title it applicable (NOTE: Registered Agent signature required when re-instating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) BRUE DELETE 1.1 TITLE Change ☐ Addition **EVINS, VICTOR RAUL** NAME 1.2 NAME **CR2E034** 6230 N.W. 173RD STREET STREET ADORESS 1.3 STREET ADDRESS **MIAMI FL 33015** 1.4 CITY - ST - ZIP C-TY - \$1 - 24P DELETE Change Addition 2.1 TITLE THUE 22 NAME NAME STREET ADDRESS 23 STREET ADDRESS 2.4 CITY - ST-ZIP DELETE Addition Change 3.1 TITLE DL.E NAME: 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP Cifix - S3 - Ziii DELETE Change Addition TRUE 4.1 TITLE 4 2 NAME STREET ANDRESS 4.3 STREET ADDRESS CITY - \$1 - 761 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAV-STREET ADDRESS: 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CHTY-SI-ZIP **DELETE** 6.1 TITLE Change Addition THUE

62 NAME

6 3 STREET ADDRESS 6.4 CHTY - ST - ZIP

SIGNATURE:

14. If do hereby certify that the information supplied information indicated on the annual report year. I am an officer or director of the corporation of

appears in Block 12 or Block 13 if

NAME STREET ADORESS

> REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pplemental a

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the opplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

May 13 1997 8:00am

Secretary of State

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