

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000093672 (9)

1. Corporation Name

~~TIEXERA-NUNES CARGO COMPANY~~
TEIXEIRA NUNES CARGO COMPANY

Principal Place of Business
151 MAJORCA AVE., SUITE C
CORAL GABLES FL 33134

Mailing Address
151 MAJORCA AVE., SUITE C
CORAL GABLES FL 33134-4533



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1996	3a. Date of Last Report
21		26		4. FEI Number 65-0712905	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

PRATS, GABRIEL
151 MAJORCA AVE., SUITE C
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	CDP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEIXEIRA NUNES, WALTER	1.2 NAME	TEIXEIRA NUNES, WALTER
STREET ADDRESS	151 MAJORCA AVE., SUITE C	1.3 STREET ADDRESS	151 Majorca Avenue, # Suite C
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEIXEIRA NUNES, TATHIANA N	2.2 NAME	TEIXEIRA NUNES, TATHIANA N.
STREET ADDRESS	151 MAJORCA AVE., SUITE C	2.3 STREET ADDRESS	151 Majorca Avenue, Suite C
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MELLO, TIRSO MATOS	3.2 NAME	DE MELLO, TIRSO MATOS
STREET ADDRESS	151 MAJORCA AVE., SUITE C	3.3 STREET ADDRESS	151 Majorca Avenue, Suite C
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MELLO, DIRMA P	4.2 NAME	DE MELLO, DIRMA P.
STREET ADDRESS	151 MAJORCA AVE., SUITE C	4.3 STREET ADDRESS	151 Majorca Avenue, Suite C
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	900002159059 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-04/29/97--01099--059
STREET ADDRESS		6.3 STREET ADDRESS	***173.75
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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

4-18-97 (305) 371-5768

Date

Daytime Phone #

CR2E034 (9/96)