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 # P96000093672 (9)

TEIXEIRA NUNES CARGO COMPANY

FILED May 01 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		- 1 TABLINGET IND TOKER BILLE BEINE BRINE BRINE BRINE URTER THE BUILL TREES WIND BRINE TORS AND	
151 MAJORCA AVE., SUITE C 151 MAJORCA AVE., SUITE		С			
		CORAL GABLES FL 33134	-		
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	1
Principal D	face of Business	2a, Mailing Address		11/12/1996 4. FEI Number Applied F	
	28-30 NW 82 A		0.62 A.		
Suite, Apt.			ovce Au		
	# , 0 16.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition Fee Regulared	
22 City & State	Δ	City & State	<u> </u>		
	imi Fl.		bles, FC	6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees	
7in	Country	Zip a Li	Country		
24 733	126 25 USA	331343		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	•
24	9. Name and Address of Current	1-4	1 - 2217	10. Name and Address of New Registered Agent	
FRAID, MODIAL AS CHITTO					
151 MAJORCA AVE., SUITE C				Address (P.O. Box Number is Not Acceptable)	
,	RAL GABLES FL 33134		83		
			65		
			84 City	85 Zip Code	
				<u> </u>	\longrightarrow
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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registrated ager			e required when reinstating) DATE	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	ddilion
TITLE	<u>1 </u>	DELETE	1.1 TITLE	, · -	NURIDE
NAME	TEIXERA NUNES, WALTER		1.2 NAME	TEIXEIRA NUNES, WALTER 1628 - 30 NW 82 Avenue,	
STREET ADDRESS	151 MAJORCA AVE., SUITE C		1.3 STREET ADDRESS		ļ.
CITY - ST - ZIP	CORAL GABLES FL 33134	F-1 No. 200	1.4 CITY - ST - ZIP	Miami, FL 33126	
TITLE	DVP	DELETE	2.1 TITLE	(1/1)	ddition
NAME	TEIXERA NUNES, TATHIANA		22 NAME	TEIXEIRA NUNES, TATHIANA	
STREET ADDRESS	151 MAJORCA AVE., SUITE C		2.3 STREET ADDRESS	1628-30 NW 82 Avenue,	
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP	Migmi, FL 33126	
TITLE	10	DELETE	3.1 TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ddition
NAME	DE MELLO, TIRSO MATOS		3.2 NAME	DE MELLO, TIRSO MATIOS	
STREET ADDRESS	151 MAJORCA AVE., SUITE C		3 3 STREET ADDRESS	1628-30 NW 82 Avenue	J
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4. CITY-ST-ZIP	Hiami, PL 33126	
TITLE	DS	DELETE	4.1 TITLE	D, ≤ Example □A	ddition
NAME	DE MELLO, DIRMA P		4. 2 NAME	DE MELLO DIRMA P.	İ
STREET ADDRESS	151 MAJORCA AVE., SUITE C		4.3 STREET ADDRESS	1628-30 NW. 82 Avenue	1
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST-ZIP	Miani, FL 33126	
TITLE		DELETE	5.1 TITLE	☐ Change & A	ddition
NAME	/		5.2 NAME		ŀ
STREET ADDRESS	′		5.3 STREET ADDRESS	MELIM, HUMBERTO DOS-SANTOS 1628-30 NW. 82 Avenue	ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miani, FL 33126	ĺ
TITLE		DELETE	6.1 TITLE	LiChange La⊆Ai	ddition
NAME			6.2 NAME	DE CASTRO, Paulo G. Moura	1
STREET ADDRESS			6.3 STREET ADDRESS	DE CASTRO, Paulo G. Moura 1628.30 NW. 82 Avenue	}
				Nigura 81 33126	ŀ
14 hereby	sertify that the information supplied with	h this filing does not qualify for t	he exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the inform	ation
indicated	on this annual report or supplemental	annual report is true and accura	ate and that my sid	gnature 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

APRIL 20, 9

(305) 640.0716