

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90009 017 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000093672

1. Corporation Name
TEIXEIRA NUNES CARGO COMPANY



Principal Place of Business
 1628-30 NW 82 AVE
 MIAMI FL 33126
 US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/12/1996

2. Principal Place of Business
 21 **1628-30 NW 82 Ave.**
 Suite, Apt. #, etc.
 22
 City & State
 23 **Miami, FL**
 Zip
 24 **33126** Country
 25 **USA**

2a. Mailing Address
 26 **2121 Ponce de Leon Blvd.**
 Suite, Apt. #, etc.
 27 **SUITE 240**
 City & State
 28 **CORAL GABLES, FL**
 Zip
 29 **33134** Country
 30

4. FEI Number
65-0712905 Applied For
 Not Applicable

5. Certificate of Status Desired **X** **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

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
GABRIEL PRATS

82 Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd.

83 **SUITE 240**

84 City
CORAL GABLES 85 Zip Code
FL 33134

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TEIXERA NUNES, WALTER	
STREET ADDRESS	1628-30 NW 82 AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	TEIXERA NUNES, TATHIANA N	
STREET ADDRESS	1628-30 NW 82 AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DE MELLO, TIRSO MATOS	
STREET ADDRESS	1628-30 NW 82 AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DE MELLO, DIRMA P	
STREET ADDRESS	1628-30 NW 82 AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MELIM, HUMBERTO	
STREET ADDRESS	1628-30 NW 82 AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DECASTRO, PAULO	
STREET ADDRESS	1628-30 NW 82 AVE	
CITY-ST-ZIP	MIAMI FL 33126	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: _____ DATE: **04/23/99** DAYTIME PHONE #: **305 640 0716**

CR2E034 (11/98)