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

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

04-29-1999 90009 017 ***158.75



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| Principal P ace of Business Mailing Address | | | | | | | | |
| 1628-30 NW 82 AVE 151 MAJORCA AVE S | | | C | | | | | |
| MIAMI FL 3012 | 6 | CORAL GABLES FL 33134 US | | DO NOT WRITE IN THIS SPACE | | | | |
| US | | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | 11/12/1996 | | | : |
| 2 Principal P | face of Business | 2a. Mailing Address | | | 4. FEI Number | | Apr | lied For |
| | 3-30 NW 82 Due. | 26 ZIZI Ponce de Lean ? | | 65-0712905 | | Not | Applicable | |
| Suite, Apt. | # etc NW 32 MOE. | Suite, Apt. #, etc. | : OE | LECKIL | | ~ -\$ | 8.75 A | Iditional |
| | n, 5to. | | | | 5. Certifcate of Status Desired | 凶 ' | Fee Rec | |
| City & Stat | | City & State | 40_ | | 6. Election Campaign Financing | | \$5.00 h | lav Be |
| 23 Min | mi A | 28 COTA GODLES, FI | | Trust Fund Contribution | | Added to | | |
| Zip 200 | Courtry | Zip | Cou | ntry | 8. This corporation owes the curren | ıt vear ntangi | ible | |
| ^교 33 | 126 25 USA | 29 33134 | 30 | • | Persor al Property Tax. | | Yes | X 0√o |
| 24 0 | 9. Name and Address of Current | | 1001 | | 10. Name and Address of New Re | gistered Age | ent 7 | |
| | / | | | 81 Name | | | | |
| PRA | TS, GABRIEL | | | | OFIEL TOATS | | | |
| 151 | MAJORCA AVE., SUITE C | | | 82 Street Acc | dress (P.O. Box Number is Not Acceptab | | | 1 |
| | RAL GABLES FL 33134 | | | 83 | TOXE OF LEA | | | " <u></u> |
| | | | | رنج | te 240 | | | |
| | | | | 84 City | ~ | E1 8 | Zip C | ode |
| | | 1007 1700 51 11 044 | 41 | Con | a Cale of the statement for the o | umose of cha | enging its I | :>\ |
| office or r | egistered agent or Koth in the State of | Florida. Such change was a | uthorized | I by the corporal | rporation submits this statement for the p tion's board of cirectors. I hereby accept | the appointment | ent as reg | stered |
| agent. a | m familiar with, and accept the obligation | ns/of, Section 607.0505, Flo | rida Stat | utes. | | | | |
| SIGNATURE | | <u> </u> | | | | | · | |
| ·- <u>-</u> | Signature, typed or printed have of registered egent | | | Agent signature requi | ADDITIONS/CHANGES TO OFFI | CERS AND F | IRECTO | S IN 12 |
| 12. | DFFICERS AND | DIRECTORS | 13. 11 Ti | | ADDITIONS/CHANGES TO GITT | |] Change | Addition |
| TITLE | PD | □ betere | | | | _ | 1 01131190 | |
| NAME | TEIXERA NUNES, WALTER | | 1.2 N | | | | | |
| STREET ADDRE IS | i | | 1.3 S | REET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33126 | | | TY-ST-ZIP | | | 10> | - Addition |
| TITLE | DVP | ☐ DELETE | 2.1 TI | TLE | | <u> </u> |] Change | Addition |
| NAME | TEIXERA NUNES, TATHIANA N | | 2.2 N | AME | | | | |
| STREET ADDRESS | 1628-30 NW 82 AVE | | 2.3 S | REET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33126 | | 2. 4 0 | ITY-ST-ZIP | | | | |
| TITLE | TD | ☐ DELETE | 3 1 Ti | TLE | | |] Change | Addition |
| NAME | DE MELLO, TIRSO MATOS | | 3.2 N | AME) | | | | |
| STREET ADDRESS | | | 3,3 S | REET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33126 | | | ITY-ST-ZIP | | | | |
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| NAME | DE MELLO, DIRMA P | | 4.21 | | | | | |
| | 4444 00 4145 | | | REET ADDRESS | | | | |
| STREET ADDRESS | MIAMI FL 33126 | | | TY-ST-ZIP | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 51 TI | $\overline{}$ | | |] Change | Addition |
| TITLE | D MELINA LIHANDERTO | | 52N | | | | | |
| NAME | MELIM, HUMBERTO | | | FREET ADDRESS | | | | |
| STREET ADDRESS | 1 | | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33126 | | 6.1 TI | TY-ST-ZIP | | ——— |] Change | Addition |
| TITLE | D | ☐ DELETE | | | | |] onange | |
| NAME | DECASTRO, PAULO | | 62 N | | | | | |
| STREET ADDRESS | 1628-30 NW 82 AVE | | 6.3 S | TREET ADDRESS | | | | |

MIAMI FL 33126 14. Thereby 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

04/23/98 305 640 0 H6