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FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095041 (5)

1. Corporation Name

ANI CARGO SERVICES, INC.

Principal Place of Business

8409 NW 68TH STREET
MIAMI FL 33166

Mailing Address

8409 NW 68TH STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1996

4. FEI Number 65-0714754

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

PITTER, CARL S
7380 W ATLANTIC BLVD
MARGATE FL 33063

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

TITLE PD ☐ DELETE

NAME CHANG, STEPHEN
STREET ADDRESS 17874 SW 13 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE TD ☐ DELETE

NAME MCBEAN, FELICIA
STREET ADDRESS 17874 SW 13 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE P ☒ DELETE

NAME CHANG, PHILLIP
STREET ADDRESS 17874 SW 13 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE S ☐ DELETE

NAME REDWOOD, VALYA
STREET ADDRESS 17874 SW 13 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ~~XXXXXXXXXX~~ ☐ DELETE

NAME ~~ALLAN E. GRANT~~
STREET ADDRESS ~~2050 N.E. 140 STREET~~
CITY-ST-ZIP ~~APT. 17, NMB, FL. 33181~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME VICE-PRESIDENT
3.3 STREET ADDRESS ALLAN E. GRANT
3.4 CITY-ST-ZIP 2050 N.E. 140 STREET
APT. 17, NMB, FL. 33181

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

3.18.98 (305) 470 9984

CR2E034 (10/97)