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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000013623 (8)

FROG'S CARGO CORP.

FILED Apr 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address			-{		
7987 N.W. 21ST STREET 7987 N.W. 21ST STREET					
MIAMI FL 33126		MIAMI FL 33126		DO NOT WRITE IN TH	HS SPACE
İ				3. Date Incorporated or Qualified	IIS OF AGE
Ì				02/10/1997	l
	lace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
21 798			ica Ave.	65-0724496	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. 4, etc.	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	imi, Fl	City & State	les, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 2 3	5126 25 USA	Zip 221214	Country	8. This corporation owes or has paid the	
24 55		20 33134 3	4 LU 10	Personal Property Tax due June 30.	Yes No
ļ	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
PR/	ATS, GABRIEL				
	MAJORCA AVENUE #C		ress (P.O. Box Number is Not Acceptable)		
0	RAL GABLES FL 33134		83		
					Tool 3: 0
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purposition's board of directors. I hereby accept the	e of changing its registered
agent la	registered agent, or both, in the state t im familiar with, and accept the obligat	ions of Section 607.0505, Florid	da Statutes.	tion's board of directors. Thereby accept the	appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE F	Registered Agent signature regula	red when reinstating) DAT	<u> </u>
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PTCD	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	DE AMORINS ELOISIO A		1.2 NAME		
STREET ADDRESS	7987 N.W. 21ST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE NAME	VSD DE AMORIN, MARIA M	□ pereit	2.1 TITLE		CI CLESHIRE CI MODITION
STREET ADDRESS	7987 N.W. 21ST STREET		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		2 4 CITY-ST-ZIP		
TITLE	Indian I C 00 I CO	DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		l
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 THTLE		Change Addition
NAME		ı	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Distr	5.4 CITY-ST-ZIP		Change Addition
TITLE	ļ	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME ATTICE ATTICES			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	partify that the information supplied with	h this filing does not qualify for t	64 CITY-ST-ZIP	Section 119 07/3Vi) Florida Statutes I furthe	r cartify that the information

Interept certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I Turther certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.