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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000016396 (8)

Principal Place of Business	Mailing Address
8800-PW-00TH-0T	95 00 11W-96711- 87-
MIAMI FL-80108	MIAMI-FL-80166

FILED May 08 1998 8:00am Secretary of State

DOCUMENT # **IDEAL INTERNATIONAL CARGO CORP.** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/20/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0729209 84 AUG 6617 N⋅W Suite, Apt. #, etc Some Not Applicable Suite, Apt. #, etc. \$8.75 Additional Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 9-1. Miami 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 33166 USA. **Z** fes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RIT Name NOVO. SANDRA 6617 N.W BY AUE. MIAMI, Fl. 33160 8500 NW-00TH-6T: Street Address (P.O. Box Number is Not Acceptable) R2 83 84 MIRSON 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 territors with, and accept the diligations of Section 607 0505, Florida Statutes.

SIGNATURE

While 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. I have been supported by the corporation's board of directors. I hereby accept the appointment as registered agent. I am territors with an accept the purpose of changing its registered agent. I am territors with an accept the purpose of changing its registered agent. I am territors with an accept the purpose of changing its registered agent. I am territors with an accept the purpose of changing its registered agent. I am territors with an accept the purpose of changing its registered agent. I am territors with an accept the purpose of changing its registered agent. I am territors with a purpose of changing its registered agent. I am territors with a purpose of changing its registered agent. I am territors with a purpose of changing its registered agent. I am territors with a purpose of changing its registered agent. I am territors with a purpose of changing its registered agent. I am territors with a purpose of changing its registered agent. I am territors with a purpose of changing its registered agent. I am territors with a purpose of changing its registered agent. I am territors with a purpose of changing its registered agent. I am territors with a purpose of changing its registered agent. I am territors with a purpose of changing its registered agent. I am territors with a purpose of changing its registered agent. I am territors with a purpose of changing its regi ICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OF DELETE Change Addition TITLE 1.1 TITLE CARRASCO, MARIO NAME 1.2 NAME 6617 NIW 84 AUE 8500 NW 00TH 9T. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP 1.4 CITY - ST-ZIP Change Addition 2.1 TITLE TITLE NAME CARRASCO, NORMA 2.2 NAME STREET ADDRESS 8500 NW 66TH ST. 2.3 STREET ADDRESS MIAMI FL 33100 CITY-ST-ZIP 2 4 CITY-ST-ZIP Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP Change DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation in 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. On an attaching with an address.

SIGNATURE: