

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90149 023 ***150.00

DOCUMENT # P97000016396

1. Corporation Name

IDEAL INTERNATIONAL CARGO CORP.

Principal Place of Business

6617 NW 84 AVE
MIAMI FL 33166
US

Mailing Address

6617 NW 84 AVE
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1997

4. FEI Number

65-0729209

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 ~~8601 N.W. 66 ST.~~

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL.

Zip

24 33166

Country

25 ~~USA~~ US

2a. Mailing Address

26 ~~8601 N.W. 66 ST.~~

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL.

Zip

29 33166

Country

30 US

9. Name and Address of Current Registered Agent

NOVO, SANDRA
6617 NW 84 AVE
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

Novo Sandra

82 Street Address (P.O. Box Number is Not Acceptable)

8601 N.W. 66 ST.

83

84 City

MIAMI

FL

85 Zip Code

33166

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 DP ☐ DELETE

NAME CARRASCO, MARIO

STREET ADDRESS 6617 NW 84 AVE

CITY-ST-ZIP MIAMI FL 33166

TITLE DST ☐ DELETE

NAME CARRASCO, NORMA

STREET ADDRESS 6617 NW 84 AVE

CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME CARRASCO, MARIO

1.3 STREET ADDRESS 8601 N.W. 66 ST.

1.4 CITY-ST-ZIP MIAMI, FL. 33166

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DST

2.3 STREET ADDRESS NORMA CARRASCO

2.4 CITY-ST-ZIP 8601 N.W. 66 ST.

3.1 TITLE MIAMI FL 33166

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Norma Carrasco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/99

Daytime Phone #

305
592-8786

CR2E034 (11/98)

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