

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  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90065 018 \*\*\*150.00

DOCUMENT # P97000018338

1. Corporation Name  
AM - CARGO, CORP.

Principal Place of Business  
6903 N.W. 46TH STREET  
MIAMI FL 33166

Mailing Address  
6903 N.W. 46TH STREET  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number  
65-0735056

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 6913 NW 46 STREET  
Suite, Apt. #, etc.

2a. Mailing Address

26 6913 NW 46 Street  
Suite, Apt. #, etc.

22 City & State  
23 MIAMI FLORIDA

27 City & State  
28 MIAMI FLORIDA

24 Zip 33166 25 Country USA

29 Zip 33166 30 Country USA

9. Name and Address of Current Registered Agent

ANDRADE, FABIAN  
6909 NW 46TH ST  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name ANDRADE FABIAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 6913 NW 46 STREET  
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

*Fabian Andrade* FABIAN ANDRADE MANAGER

4/26/99  
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDRADE, FABIAN	
STREET ADDRESS	8881-A FONTAINBLEAU BLVD. #304	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KARINA CALVACHE	
STREET ADDRESS	631 NW 82ND AVE #213	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fabian Andrade	
1.3 STREET ADDRESS	631 NW 82 Ave Apt # 213	
1.4 CITY-ST-ZIP	MIAMI FL. 33126	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Fabian Andrade* REQUIRED

4/26/99  
Date

(305) 265 9858  
Daytime Phone #

CR2E034 (1/98)

0242288