

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

DOCUMENT # P97000037166

1. Corporation Name
C.N. CARGO CORPORATION

Principal Place of Business

6993 NW 82 AVENUE
#27
MIAMI FL 33166

Mailing Address

6993 NW 82 AVENUE
#27
MIAMI FL 33166

2. Principal Place of Business

21 5954 SW 62 St.
Suite, Apt. #, etc.

2a. Mailing Address

26 C/O
Suite, Apt. #, etc.
27 Perez, Behar & Assoc., Inc

22 City & State
23 Miami, FL 33143

28 City & State
29 14780 N. E. 10th Avenue
N. Miami, FL 33161

24 Zip
33143

30 Country
USA

9. Name and Address of Current Registered Agent

NEYRA, CARLOS
6993 NW 82 AVENUE
#27
MIAMI FL 33166

3. Date Incorporated or Qualified

04/25/1997

4. FEI Number
65-0748526

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

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

OFFICERS AND DIRECTORS

12. TITLE

PST
NAME NEYRA, CARLOS
STREET ADDRESS 6993 NW 82 AVE, #27
CITY-ST-ZIP MIAMI FL 33166

DELETE

V
NAME NEYRA, MARTHA
STREET ADDRESS 6993 NW 82 AVE, #27
CITY-ST-ZIP MIAMI FL 33166

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: Carlos Neyra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/14/99
Daytime Phone # 305-635-0993

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90021 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)