

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000039878 (8)

1. Corporation Name
LASER CARGO, INC.



Principal Place of Business 7601 E TREASURE DR #904 N. BAY VILLAGE FL 33141	Mailing Address 7601 E TREASURE DR #904 N. BAY VILLAGE FL 33141
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/05/1997

21. Principal Place of Business 8074 N.W. 29th St. Suite, Apt. #, etc.	22. City & State Miami FL	23. Zip 33122	24. Country USA	25. Mailing Address 8074 N.W. 29th St. Suite, Apt. #, etc.	26. City & State Miami FL	27. Zip 33122	28. Country USA
--	-------------------------------------	-------------------------	---------------------------	--	-------------------------------------	-------------------------	---------------------------

4. FBI Number 65-0752781	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DEFENDI, MAURICIO F
7601 E TREASURE DR #904
N. BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MUCCILO, JEFFERSON	
STREET ADDRESS	7601 E TREASURE DR #904	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEFENDI, MAURICIO F	
STREET ADDRESS	7601 E TREASURE DR #904	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	
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	DIRECTOR, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MUCCILO, JEFFERSON	
1.3 STREET ADDRESS	7601 E. TREASURE DR. #904	
1.4 CITY-ST-ZIP	N. BAY VILLAGE - FL - 33141	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MAURICIO FERNANDO DEFENDI	
2.3 STREET ADDRESS	7601 E. TREASURE DR. #904	
2.4 CITY-ST-ZIP	N. BAY VILLAGE FL 33141	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHRISTINA LYONS DEFENDI	
3.3 STREET ADDRESS	7601 E. TREASURE DR. #904	
3.4 CITY-ST-ZIP	N. BAY VILLAGE FL 33141	
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.

SIGNATURE: *Mauricio F. Defendi* **MAURICIO F. DEFENDI PRES. 04/20/98 - 305-4061334**

CFR2034 (10/97)