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

PROFIT CORPORATION **ANNUAL REPORT**

1998

京本京の たいかい



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000045058 (9)

KARGO'S INTERNATIONAL INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 221 EAST 9TH ST. 221 EAST 9TH ST. HIALEAH FL 33010 HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/19/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0786344 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CALVO, JUAN D 221 EAST 9TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 83 84 City Zip Code 85 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) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 11 TITLE [] Change Addition **GONI, ALBERTO O** NAME 1.2 NAME 221 EAST 9TH ST. STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE □ DELETE 2.1 TITLE Change Addition GONI. KARINA NAME 2.2 NAME **221 EAST 9TH ST.** STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33010 CITY+ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE KAHAN, ALBERTO NAME 3.2 NAME 221 EAST 9TH ST. **STREET ADDRESS** 3.3 STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 THLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 coefvier or trust to 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 y address.

E034