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 # P9700048736

1. Corporation Name

FAMA EXPORT & CARGO SERVICE, INC.

·		
Principal Place of Business	Mailing Address	
7845 N.W. 66TH STREET MIAMI FL 33166	7845 N.W. 66TH STREET MIAMI FL 33166	
		3. Date Incorp 06/03/19
Principal Place of Business Section Principal Place of Business	2a. Mailing Address 26	4. FEI Numbe 65-07585
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate o
City & State	City & State	£ Election Co

Apr 29, 1999 8:00 am Secretary of State

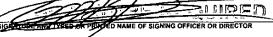
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Principal Place of Business Mailing Address						BBIR BBIR BR	441 18811 1880	19 ISSID DISS 1881			
7845 N.W. 66TH	1 STREET	7849	5 N.W. 66TH STREET								
MIAMI FL 33166 MIAMI FL 33166											
							DO NOT WRITE	IN THIS S	PACE	 	٦
							3. Date Incorporated or Qualifed				
			ha W add				06/03/1997				-
— ·	2. Principal Place of Business 2a. Mailing Address						4. FEI Number		<u> </u>	pplied For	-
21 26					65-0758572			ot Applicable Additional	┥		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired			Required			
22					6. Election Campaign Financing			May Be	4		
23	•	28	ony a case				Trust Fund Contribution			to Fees	
Zip	Country			Cou	Country		8. This corporation owes the current	t vear Intar			1
24	25	29		30	-		Personal Property Tax.		Yes	□No	
	9. Name and Address of Curre						10. Name and Address of New Reg	gistered Á	gent		1
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			81	Name					
	erra, manuel				82	Stroot Addro	ess (P.O. Box Number is Not Acceptable	۵۱			┨
	N.W. 66TH STREET				02	Street Addre	sas (F.O. Box Number is Not Acceptable	. ,			
MIAN	/II FL 33166				83						1
									Total Zin	C	-
,					84	City		FL	85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.05	02 and 60	7.1508, Florida Statute	s, the al	bove-	named corpo	ration submits this statement for the pu	rpose of cl	nanging it:	s registered	1
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida	a. Such change was au	thorized	l by ti	he corporation	n's board of directors. I hereby accept t	he appoint	ment as re	agistered	
		cuono or,	0000017 007 10000, 7 1011	aa otaa			•	-			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if	applicable. (NOTE:	Registered	Agent	signature required	when reinstating)	DATE] ;
12.	OFFICERS A	ND DIREC	CTORS	13.			ADDITIONS/CHANGES TO OFFIC] :
TITLE	`D	_	□ DELETE	1.1 TIT	Œ				☐ Change	☐ Addition	:
NAME	BECERRA, MANUEL			1.2 NA	ME						;
STREET ADDRESS	7845 N.W. 66TH STREET			1.3 ST	REET/	ADDRESS					Li
CITY-ST-ZIP	MIAMI FL 33166	_		1.4 CD	TY-ST-	-ZIP	· · · · · · · · · · · · · · · · · · ·				1
₹ITLE	•		☐ DELETE	2.1 TIT	ΠĒ				☐ Change	☐ Addition	
NAME				2.2 NA	ME						
STREET ADDRESS				2.3 ST	REET	ADDRESS					-
_CITY_ST_ZIP	=			2.4 CI	TY-ST	ZIP.					1_
TITLE	•		☐ DELETE	3.1 777	R.E	1		•	Change	Addition	1
NAME				· 3.2 NA	ME		·				
STREET ADDRESS				3.3 ST	REET	ADDRESS					
CITY-ST-ZIP				3.4. CI	TY-ST	-ZIP					┧
TITLE			□ DELETE	4.1 TII	ΠE				☐ Change	☐ Addition	
NAME				4.2 N	AME						1
STREET ADDRESS				4.3 ST	REET/	ADORESS					
CITY-ST-ZIP				4.4 CI	TY-ST-	ZIP					4
TITLE			☐ DELETE	5.1 TIT					☐ Change	Addition	-
NAME	j			5.2 NA							
STREET ADDRESS				1		ADDRESS					-
CITY-ST-ZIP					TY-ST-	·ZIP					4
TITLE			☐ DELETE	6.1 TII					☐ Change	☐ Addition	
NAME				6.2 NA		.	ć				
STREET ADDRESS	•			i i		ADDRESS					
City-St-ZiP				6.4 CIT	TY-ST-	ZIP					J

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:



(305) A70 0106.