## FILE NOW: FILING FEE AFTER MAY 1ST IS

AFTER MAY 1ST IS 50.00

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTME OF STATE

Sandra B. Mc ham

Secretary of S DIVISION OF CORP FILED
May 07 1998 8:00am
Secretary of State

DOCUMENT # P9700052948 (1)

CARGO C.B INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address		
8275 N.W. 66TH STREET	8275 N.W. 66TH STREET		
MIAMI FL 33166	MIAM! FL 33166		



MIAMI PL 331	00	MIAMI FL 33166	1			DO NOT WRITE IN THIS SPACE		
			•			3. Date Incorporated or Qualified		
						06/16/1997		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number , Applied F	Or	
21		26				65-077 1022 Not Appli		
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				S8 75 Addition		
22		27				5. Certificate of Status Desired Fee Required		
City & State	<del></del>	City & State				6. Election Campaign Financing \$5.00 May B		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	T Co	Country		8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. Yes SNo	3	
	9. Name and Address of Curren		130]	1	·	10. Name and Address of New Registered Agent		
C) II	MARE, HENRY M	· · · · · · · · · · · · · · · · · · ·		81	Name			
	5 N.W. 66TH STREET			82 Street Address (P.O. Box Number is Not Acceptable)				
MIA	MI FL 33166			83				
				83				
				84	City	<b>■■ 85</b> Zip Code		
				Ш		FL		
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the a	above	named corpo	poration submits this statement for the purpose of changing its regis	tered	
agent I ar	n <b>fami</b> liar with, and accept the obliga	itions of, Section 607,05 <b>05</b> , F	aumonze Iorida Sta	itutes.	the corporatio	tion's board of directors. I hereby accept the appointment as register	irea	
SIGNATURE 4					Sest.			
SIGNATURE 9	Siplature, typed or printed name of registered at a	ntand title it applicable (NO	If Registers	ua Agen	nt signature require	co when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2	
TITLE	PD	DELETE	1.1 T	ITLE		Change A	ddition	
NAME	CUMARE, HENRY M		1.2 N	IAME				
STREET ADDRESS	8275 N.W. 66TH STREET		1.3 S	STREET A	ADDRESS			
CITY-\$1-ZIP	MIAMI FL 33166			CITY-ST				
TITLE	VP	DELETE	217			Change A	doition	
NAME	<b>B</b> OLLA, DANIELA	<del></del>		IAME				
STREET ADDRESS	8275 N.W. 66TH STREET				ADDRESS			
	MIAMI FL 33166							
CITY-ST-ZIP TITLE	MIAWI FL 33 100	DELETE		CITY-SI	I - ZIP	Change	ddition	
1		C) prefit	3.1 T			Change As	aution	
NAME				AME	1			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		CITY-ST	T-ZIP			
TITLE		☐ DELET <b>E</b>	4.1⊺			☐ Change ☐ Ar	ddition	
NAME			4. 21	NAME				
STREET ADDRESS			4.3 S	TREET #	ADDRESS			
CITY-ST-ZIP			4.4 0	HY-ST	- ZIP			
TITLE		☐ DELET <b>E</b>	5 1 T	IILE		Change A	ddition	
NAME			5.2 N	IAME				
STREET ADDRESS			5.3 S	TREET A	ADDRESS			
CITY-ST-ZIP			540	HY-ST	- ZiP			
TITLE		DELETE	6.1 T			Change A	ddition	
NAME		_	6.2 N			<u>_</u>		
STREET ADDRESS					ADDRESS			
					l l			
CITY-ST-ZIP	artiv that the information enoulses wi	th this films since out mustice		ITY-ST		Section 119 07(3)(i) Florida Statutes, Lifurther certify that the informa-	ation	
THE LIBERTY LA	oruse mon tike naturalization sustainen Wi							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is frue 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 trusted 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.

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