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

**PROFIT** FILED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** 99 JM1 28 M1 9: 07 Secretary of State DIVISION OF CORPORATIONS 1999 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # AMAZON CARGO SERVICES, INC. Principal Place of Business Mailing Address 5209 N.W. 74 Avenue 5209 N.W. 74 Avenue #225 #225 DO NOT WRITE IN THIS SPACE Miami, FL 33166 Miami, FL 33166 3. Date Incorporated or Qualified 6/19/97 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0715413 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Corporation Company of Miami 201 South Biscayne Boulevard 82 Street Address (P.O. Box Number is Not Acceptable) 1600 Miami Center 83 Miami, FL 33131 84 City **B**5 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. XXDELETE TITLE 1 1 TITLE Change noifibbA 🔲 -Caridad C. Jesus Menendez Connalor-NAF 12 NAME -5209 N.W. 74 Avenue 5209 N.W. 74 Avenue, #225 STREET ADDRESS 1.3 STREET ADDRESS Miami, FL 33166 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE ☐ Change XXXAcdition TITLE 21 TITLE יויפ WAR 2 2 NAME Raul Suarez Murias STREET ADDRESS 2 3 STREET ADORESS 5209 N.W. 74 Avenue, #225 <u>Miami, FL 33166</u> CITY-ST-ZIP 2 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE TITLE 4 1 TITLE WWE 4 2 NAME \*\*\*\*150.00 \*\*\*\*150.00 STREET ADORESS 4.3 STREET ADORESS CAY-ST-ZIP 44 CITY - ST - ZIP DELETE Change Addition PILE 5 1 TITLE ME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP ☐ Change ☐ Addition TITLE DELETE 6 1 TITLE WAF 6 2 NAME STREET ADDRESS 63 STREET ADORESS 64 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). Fiorida 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 or an attachment with an address. Jesus Menendez SIGNATURE: SIGNLY URLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylime Phone I

CR2E034 (10/97