Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90095 033 ***150.00

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 # P9700060494

1. Corporation Name

| | C CARGO, INC. | | | |
|--------------------------------------|---|--|---|--|
| Principal Place | e of Business | Mailing Address | | |
| 11701 NW 102ND ROAD SUITE 22 | | | E 22 | DO NOT WORTH IN THE ODIO |
| | | | | DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualified |
| | | | _ | 07/10/1997 |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 | | 26 | | 65-0767425 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| City & State | e | City & State | _ | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip 29 30 | Country | 8. This corporation owes the current year Intangible Personal Property Tax. |
| 24 | 25 Same and Address of Current | | | 10. Name and Address of New Registered Agent |
| | g, Name and Address of Current | Registered Agent | 81 Name | |
| WEIL, DANY | | | | |
| 11701 NW 102ND ROAD SUITE 22 | | | 82 Stree | et Address (P.O. Box Number is Not Acceptable) |
| MEDLEY FL 33178 | | | 83 | , |
| | | | | |
| | | | 84 City | FL 85 Zip Code |
| 11. Pursuant office or reagent. I as | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati | and 607.1508, Florida Statutes, f Florida. Such change was auth ions of, Section 607.0505, Florida | the above-name norized by the cor a Statutes. | d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | | | | e required when reinstating) DATE |
| | Signature, typed or printed name of registered agent OFFICERS ANI | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. | D OFFICERS AND | D DIRECTORS DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| | WEIL, DANY | - Deceie | 1.2 NAME | Dany Weil . |
| NAME | 11701 NW 102ND ROAD SUITE | 22 | • | lie a fa fall. The a factor of the |
| STREET ADDRESS | | , | 1.3 STREET ADDRES | Golden Beach, FL 33160 |
| CITY-ST-ZIP | MEDLEY FL 33178 | ₩ DELETE | 1.4 CITY-ST-ZIP | Change Maddition |
| TITLE | D | DELETE | 2.1 TITLE | Lina weil |
| NAME | PEREZ, ELIAS | | 2.2 NAME | 115" |
| STREET ADDRESS | 11701 NW 102ND ROAD SUITE | 22 | 2.3 STREET ADDRES | |
| CITY-ST-ZIP | MEDLEY FL 33178 | | 2.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | Change Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRES | s |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4 2 NAME | The second second and the second |
| STREET ADDRESS | | | 4.3 STREET ADDRES | s |
| CITY-ST-ZIP | | | 4.4 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

☐ DELETE

01.20.29

☐ Change

☐ Change

Addition

Addition