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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P97000062362 (3)

TIGER CARGONAUTS (U.S.A.), INC.

Principal Place of Business Mailing Address

2050 NW 95 AVE 2050 NW 95 AVE

MAM FL 33172 MIAMI FL 33172

FILED May 08 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

305- 5940005

3. Date Incorporated or Qualified

07/18/1997

2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 65 077 00 4 6	 	ied For Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	CO 75 Additional	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		ay Be	
Zip	Country Zip Cou		Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 11 Yes No		gible	
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Reg		<u>*</u>
RUIZ. OSCAR W				Name	10, 114,110 414 144	interior rigorit	
2050 NW 95 AVE							
MAMI FL 33172				82 Street Address (P.O. Box Number is Not Acceptable)			
mount FL 331/2				83			
				<u> </u>			
				City		FI 85 Zip Co	de
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab				e-named co	rooration submits this statement for the pu		egistered
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 agen	and title if applicable (NOT	E Registered Ag	ent signature reg	uired when reinstating)	DATE	—— I,
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	IN 12
TITLE	D DELETE 1.1		1.1 TITLE			Change	Addition
NAME	ANTAGLI, CARLOS H		1.2 NAME				(
STREET ADDRESS	ss 2050 NW 95 AVE		1.3 STREE	T ADDRESS			[]
CITY - ST - ZIP	MIAMI FL 33172		1.4 CITY-	ST-ZIP			[8
TITLE	D DELETE 2.1		2.1 TITLE			Change	Addition
NAME	Domaszewski, Daniel a		2.2 NAME	ļ]
STREET ADDRESS	2050 NW 95 AVE 23		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172 2.40		2.4 CITY-	ST-ZIP			
TITLE	D DELETE 3.116		3.1 TITLE			☐ Change	Addition
NAME	Ramis, Osvaldo		3.2 NAME				
STREET ADDRESS	2050 NW 95 AVE		3.3 STREE	t address			[
CITY-\$1-ZIP	MIAMI FL 33172		3.4. CITY-	ST-ZIP			
TITLE			4.1 TITLE			☐ Change	Addition
NAME	AGUILAR, RICARDO		4. 2 NAME]
STREET ADDRESS	2050 NW 95 AVE		4.3 ST# :E	T ADDRESS			
CITY-ST-ZWP	MIAMI FL 33172			ST-ZIP			
TITLE		☐ DELETE	5.1 TiT	- 1		☐ Change	Addition
NAME			5.2 NA				
STREET ADDRESS			5.3 STORE	T ADDRESS			1
CITY-SI-ZVP		——————————————————————————————————————	5.4 CIT	ST-ZIP			1.00
TITLE		L. DELETE	6.1 TITU	}		Change	☐ Addition
HAME			6.2 NAJ E				
STREET ADDRESS				T ADDRESS			ļ
CITY-ST-ZIP	actificate that the information as a limit of	h this filing dans not greate . C		ST-ZIP	in Contine 110 07(2)(i) Florido Statutos 11	urthau aartifu that the te	formation
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 suppliemental annual report is true and accurate and hat 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.							