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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P97000063503 (1)

CARGO TICO CORPORATION

FILED Apr 27 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			TBING BINGS (NIB) BINN BOTTO (NI NBÉN
2801 NW 74 AVE STE 202		2801 NW 74 AVE STE	202		
MIAMI FL 33122		MIAMI FL 33122			
				DO NOT WRITE IN 1	HIS SPACE
				3. Date Incorporated or Qualified	
9 Principal Pla	ace of Business	2a. Mailing Address		07/21/1997 4. FEI Number	Applied For
21	De de Edamesa	26		65-0819223	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			¢0.75
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Ziρ	Country	Zip	Country	8. This corporation owes or has paid th	e current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes 🔼 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
DORMOND, YOLANDA 81 Name					
1141 ORIOLE AVE 82 Street Address (P.O. Box Number is					
MIAMI SPRINGS FL 33166					
			83		
			84 City		B5 Zip Code
				rporation submits this statement for the purpo- ation's board of directors. I hereby accept the	
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					
12.	Signature typed or printed name of registered an	cet and the if applicable (NOT) ID DIRECTORS	F Registered Agent signature req	urred when reinstating) D/ ADDITIONS/CHANGES TO OFFICERS	ATE
TITLE	PSD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE AS	Change Addition
NAME	ZAMORA, LIZA Y		1.2 NAME		
STREET ADDRESS	1141 ORIOLE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		1.4 CHY-ST-ZIP		
TITLE	VID	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	ZAMORA, LIGIA R		2.2 NAME		
STREET ADDRESS	1141 ORIOLE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - S1 - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		<u></u>	4.4 CHY-ST-ZIP		
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby ce	ortify that the information supplied w	vith this filing does not qualify fo	or the exemption stated in	n Section 119.0 7(3)(i), Florida Statutes. I furth ure shall have the same legal effect as if mad	er 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 eath, 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.					

IGNATURE: Sex 1 120 N 70 MOVU 2/28/97 (305)4704679