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FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90010 038 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067200

1. Corporation Name

SOUTHFLORIDA AIR CARGO, INC.

Principal Place of Business

Mailing Address

6740 NW 22 Street

P.O. Box 520846

Miami, Florida 33152

CARGO BLDG. 707

MIAMI, FLORIDA 33122

2. Principal Place of Business

2a. Mailing Address

21 6710 NW 22 Street

26 P.O. Box 523883

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Cargo Bldg. 707 #204

27

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33122

25

USA

29 33152

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

August 4, 1997

4. FEI Number

65-0814929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax:

☒ Yes ☐ No

Juan Carlos Mencio

6740 NW 22 Street

Cargo Building 707

Miami, FL 33126

81 Name

Rodrigo Hidalgo

82 Street Address (P.O. Box Number is Not Acceptable)

6710 NW 22 Street

83

Cargo Bldg. 707, Suite 204

84 City

Miami

FL

85 Zip Code

33122

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

(Rodrigo Hidalgo)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/D** ☒ DELETE
NAME **Ernesto Ramirez**
STREET ADDRESS **6740 NW 22 Street, Bldg. 707**
CITY-ST-ZIP **Miami, FL 33126**

1.1 TITLE **VP/GM** ☐ Change ☐ Addition
1.2 NAME **Rodrigo Hidalgo**
1.3 STREET ADDRESS **6710 NW 22 Street, Bldg. 707 #204**
1.4 CITY-ST-ZIP **Miami, FL 33122**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

(Rodrigo Hidalgo)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

070699

(305) 871-7780

CR2E034 (11/98)