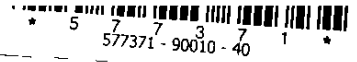


FILE NOW: FILING FEE AFTER MAY 15 IS \$350.00

PROFIT CORPORATION ANNUAL REPORT XXXXX 1998 1999				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		Secretary of State 05-21-1999 90003 043 ***150.00	
DOCUMENT # P90000014393 1. Corporation Name INTERATLANTIC CARGO GROUP CORP.							
Principal Place of Business 6950 N.W. 51 Street Miami, Fl. 33166				Mailing Address 6950 NW 51 Street Miami, Florida 33166			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25						2a. Mailing Address 26 2655 LeJeune Road 27 Suite, Apt. #, etc. 807 28 City & State 29 Coral Gables, Fl. 30 Zip Country 31 33134	
3. Date Incorporated or Qualified 2/13/98						4. FEI Number 65-0833754	
5. Certificate of Status Desired ☐						Applied For ☐ Not Applicable	
6. Election Campaign Financing Trust Fund Contribution ☐						\$8.75. Additional Fee Required	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No						\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LESTER G. KATLS, ESQ. 2655 LeJeune Road, # 307 Coral Gables, Fl. 33134				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE ☐ DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				P/S/D ☒ Change ☐ Addition			
2.1 TITLE ☐ DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				D/VP ☒ Change ☐ Addition			
3.1 TITLE ☐ DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP				MENDOZA, LUIS PAZ ☐ Change ☒ Addition			
4.1 TITLE ☐ DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				CUADRO, RIGOBERTO OSORIO ☐ Change ☐ Addition			
5.1 TITLE ☐ DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				6.1 TITLE ☐ Change ☐ Addition			
6.1 TITLE ☐ DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				7.1 TITLE ☐ Change ☐ Addition			
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 as a director or officer with an address.							
SIGNATURE REQUIRED Signature and typed or printed name of signing officer or director LUIS SALVAT, PRESIDENT				4/21/99 (305) 591-3732			