

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90017 047 \*\*\*150.00

**PROFIT CORPORATION**  
**ANNUAL REPORT**  
**1999**



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

**DOCUMENT # P98000022622**

1. Corporation Name

**QUALITY CARGO CORP.**

Principal Place of Business

**8180 N.W. 36TH STREET**  
**SUITE 100**  
**MIAMI FL 33166**

Mailing Address

**8180 N.W. 36TH STREET**  
**SUITE 100**  
**MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/11/1998**

4. FEI Number

**65-0818917**

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.



Yes ☒ No

2. Principal Place of Business

**21 4430 N.W. 74th AVE.**

Suite, Apt. #, etc.

2a. Mailing Address

**26 4430 N.W. 74th AVE**

Suite, Apt. #, etc.

City & State

**23 MIAMI FLORIDA**

Zip Country

**24 33166 DADE**

City & State

**28 MIAMI FLORIDA**

Zip Country

**29 33166 DADE**

9. Name and Address of Current Registered Agent

**GOLD, STUART M**  
**8180 N.W. 36TH STREET**  
**SUITE 100**  
**MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name

**FIDEL LENDOF**

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

**4430 N.W. 74th AVE**

83

84 City

**MIAMI**

**FL**

85 Zip Code  
**33166**

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)

**7/23/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME **D GOLD, STUART M**  
STREET ADDRESS **8180 N.W. 36TH STREET SUITE 100**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Mauricio Andrade (president)**  
1.3 STREET ADDRESS **Av. Eng Luiz C. Berrini 1.178 Andar**  
1.4 CITY-ST-ZIP **SAO PAULO BRASIL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **Fidel Lendof (Vice President)**  
2.3 STREET ADDRESS **151 N.W. 151st Ave**  
2.4 CITY-ST-ZIP **Pembroke Pines, FL 33028**

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**7/23/99** **(305) 718-9166**

CR2E034 (5/99)



P98000022622  
598245-9007-47

July 23, 1999

Florida Department Of State  
Secretary Of State  
Division Of Corporations

Reference: Document #P98000022622

To Whom It May Concern:

This letter is to request for the Department Of State to please wave the late filing fee, due to the fact that we just received the corporation annual report. This letter was sent to destination shown on block #9. I requested this information by telephone and I was told to request this information writing for your record. I was told this request would be presumed, due to the fact that we just received this notice.  
Thanking you in advance for your prompt respond.

Sincerely,



Fidel Lendof

Vice President  
Quality Cargo Corp.