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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000039411

1. Corporation Name

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90054 038 ***150.00

CANGO	SHIPPING INTERNATIONA							
Principal Place	e of Business	Mailing Address				, , , , , , , , , , , , , , , , , , , ,		
2300 S.W. 16TH STREET 2300 S.W. 16TH STREET MIAMI FL 33145 MIAMI FL 33145			•			DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						04/30/1998		
Principal Place of Business Za. Mailing Address						4. FEI Number	- Ar	oplied For
	lace of Busiliess	<u> </u>				65-0840201		ot Applicable
Suite, Apt.	# oto	26 Suite, Apt. #, etc.						Additional
	#, etc.	27				-5. Certificate of Status Desired Fee Required		
22 City & Stat	Δ		City & State			6. Election Campaign Financing \$5.00 May Be		
		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Ir		
	25	29	30	,		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre		1301	1		10. Name and Address of New Registered	Agent	
	v. Name and Address of Ourie	in regional rigani		81	Name			
PAF	Z, OSCAR E JR.							
	S.W. 16TH STREET			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
	MI FL 33145			83			•	
1111/31	111 1 2 30 1 40							
				84	City	FI	85 Zip	Code
					L	rporation submits this statement for the purpose of		riotored
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO ND DIRECTORS	TE. Registere		nt signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	SD	☐ DELETE	1.1	TITLE		-	Change	Addition
NAME	PAEZ, OSCAR E		1.21	NAME				· Í
STREET ADDRESS			1.3 5	STREET	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145		1.40	CITY-S	T-ZIP	•		}
TITLE	SD	☐ DELETE	_+	ITTLE		. <u> </u>	☐ Change	Addition
NAME	LARES, PEDRO J		2.21	NAME		·	-	
STREET ADDRESS	AAAA AAAA AATII ATOFFT		2.3 5	STREET	TADDRESS			١
CITY-ST-ZIP	MIAMI FL 33145			CITY-S				
TITLE	S	☐ DELETE		TITLE			☐ Change	☐ Addition
NAME	PAEZ, OSCAR JR.		3.21	NAME	ŀ			Ì
STREET ADDRESS	AAAA AUU IATU ATATT		3,3 5	STREET	TADORESS			
CITY-ST-ZIP	MIAMI FL 33145			CITY-S	ļ			
TITLE	MAMILEOUTTO	☐ DELETE		TITLE			Change	Addition
NAME		_		NAME	Ī	•		
STREET ADORESS					ADDRESS	·		İ
CITY-ST-ZIP				CITY-S	1		1	
TITLE		☐ DELETE		TITLE			Change	Addition
NAME			5.21	VAME	1		ς.	
STREET ADDRESS			5.3	STREET	T ADDRESS			
CITY-ST-ZIP			5.4	CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1	IIILE	1		☐ Change	Addition
NAME			6.21	NAME				l J
STREET ADDRESS	1		6.3	STREET	TADDRESS		•	
OTTO ET ZIO			6.4	CITY-S	T-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 tracked 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 an attachment with an address, with all other like empowered.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR