

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90181 004 ***150.00

DOCUMENT # P98000040186

1. Corporation Name

CONSOLIDEX CARGO INTERNATIONAL CORP.

Principal Place of Business

7359 NW 36 STREET
MIAMI FL 33166

Mailing Address

7359 NW 36 STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

4. FEI Number

65-0832335

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

2. Principal Place of Business

21 3405 NW 72 AVE.

2a. Mailing Address

26 3405 NW 72 AVE.

Suite, Apt. #, etc.

22 SUITE N-103

Suite, Apt. #, etc.

27 SUITE 103

City & State

23 MIAMI, FLA.

City & State

28 MIAMI, FLA.

Zip

24 33122

Country

25 EEUU.

Zip

29 33122

Country

30 EEUU.

9. Name and Address of Current Registered Agent

GUTIERREZ, JUAN
7359 NW 36 STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

JUAN GUTIERREZ

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

3405 NW 72 AVE SUITE 103

83

84 City

MIAMI, FLA.

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

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

(NOTE: Registered Agent signature required when reinstating)

04/19/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GUTIERREZ, JUAN
STREET ADDRESS 7359 NW 36 STREET
CITY-ST-ZIP MIAMI FL 33166

☐ DELETE

TITLE VD
NAME IZQUIERDO, HAUBINGTHS
STREET ADDRESS 7359 NW 36 STREET
CITY-ST-ZIP MIAMI FL 33166

☐ DELETE

TITLE SD
NAME FRANCO, MARIA
STREET ADDRESS 7359 NW 36 STREET
CITY-ST-ZIP MIAMI FL 33166

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD
1.2 NAME SILVA, ALEXANDRA.
1.3 STREET ADDRESS 3405 NW 72 AVE SUITE N-103
1.4 CITY-ST-ZIP MIAMI FLA, 33122

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☒ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)