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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90003 021 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000049636

1. Corporation Name
JET CARGO U.S.A., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1840 N.W. 95TH AVENUE **1840 N.W. 95TH AVENUE**
FIRST FLOOR **FIRST FLOOR**
MIAMI FL 33172 **MIAMI FL 33172**

3. Date Incorporated or Qualified
06/01/1998

4. FEI Number **65-0873644** 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 2a. Mailing Address
21 1366 N.W. 78 Avenue **26 1366 N.W. 78 Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
 City & State City & State
23 Miami, Florida **28 Miami, Florida**
 Zip Country Zip Country
24 33126 **25 Dade** **29 33126** **30 Dade**

9. Name and Address of Current Registered Agent
LANGSTADT, OLIVER J ESQUIRE
815 PONCE DE LEON BOULEVARD
SECOND FLOOR
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **PSD**
 STREET ADDRESS **CORTESE, LUCIANO LIONEL**
 CITY-ST-ZIP **CONDARCO 2655 "B"**
BUENOS AIRES, ARGENTINA

TITLE DELETE
 NAME **VPTD**
 STREET ADDRESS **ROGA, MARIANO HERNAN**
 CITY-ST-ZIP **J.R. DE VELAZCO 822, 3RO "B"**
BUENOS AIRES, ARGENTINA

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 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
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME **Roca, Mariano Hernan**
 2.3 STREET ADDRESS **6707 S.W. 88 Street, #120**
 2.4 CITY-ST-ZIP **Miami, Florida 33156**

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, with all other like empowered.

SIGNATURE: **X [Signature]** SIGNATURE REQUIRED

X 04-01-99 X 305-513-8376

CR2E034 (1/198)