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Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000049636

Principal Place of Business

JET CARGO U.S.A., INC.

DO NOT WRITE IN THIS SPACE	1840 N.W. 95TH	1 AVENUE	- 1840-N.W. 95TH-AVENUE	_					
2. Principal Place of Business   2a, Mailing Address   4. FEI Number   Applied for   1.366 N.W. 78 AVenue   2b   1.366 N.W. 78 AVenue   65-087.3644   Next Applicable   Sute, Apt #. etc.   Sute, Apt #. etc.						DO NOT W	RITE IN THIS	SPACE	
1366 N. W. 78 Avenue   2e   1366 N. W. 78 Avenue   55-0873644						"	d		
13.66 N. W. 78 Avenue   28   13.66 N. W. 78 Avenue   65-0873644   MaApplicable   Suttle, Apt. 8, etc.   27   Suttle, Apt. 8, etc.   28   Sut	2. Principal Place of Business 2a. Mailing Address				· · · · · · · · · · · · · · · · · · ·	4. FEI Number		17	Applied For
City & State   City & Cit		¬			Avenue 65-0873644				Not Applicable
Total					Confidence of Status Desired	П	\$8.75	Additional	
City & State   Country   Zip   Zip   Country   Zip	22		27			5. Certificate of Status Desired		Fee F	Required
Miami, Florida   28   Miami, Florida   Totus fand Contribution   Added to Fees   Zp   Country   Zp   Country   Zp   Country   S, This corporation were the current year Integrible   Name   19, Name and Address of Current Registered Agent   19, Name and Address of Current Registered Agent   19, Name and Address of New Registered Agent   19, Name and Ad		e	City & State	City & State		6. Election Campaign Financing	<del>)</del> ["]		
9, Name and Address of Current Registered Agent  10, Name and Address of New Registered Agent  11, Name and Address of New Registered Agent  12, Name and Address of New Registered Agent  13 Name  14 City  15 Steel Address (P.O. Box Number is Not Acceptable)  16 Steel Address (P.O. Box Number is Not Acceptable)  17 Pursuant to the provisions of Sections 607 0502 and 507,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes  18 Signature, higher or present came of sequence agent and the 4 septicates. Only only only only only only only only o	23 Miami	3 Miami, Florida 🔯 Miami, Florida			Trust Fund Contribution Added to Fees		d to Fees		
9, Name and Address of Current Registered Agent  LANGSTADT, OLIVER J ESQUIRE 815 PONCE DE LEON BOULEVARD SECOND FLOOR CORAL GABLES FL 33134  84 City  FL 85 Zip Code  11. Pursuant to this provisions of Sections 607 6502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 are time to implicate agent and time it agrocate.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ONDARCO 2655 19  13. STREET ADDRESS  GOTY-51-2P  UPTD  OELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ONDARCO 2655 19  13. STREET ADDRESS  GOTY-51-2P  UPTD  OELETE  14. TITLE  ONDARCO 2655 19  13. STREET ADDRESS  GOTY-51-2P  UPTD  OELETE  3. TITLE  ONDARCO 2655 19  13. STREET ADDRESS  GOTY-51-2P  UPTD  OELETE  3. TITLE  ONDARCO 2655 19  3. STREET ADDRESS  GOTY-51-2P  UPTD  OELETE  3. TITLE  ONDARCO 2655 19  3. STREET ADDRESS  GOTY-51-2P  UPTD  OELETE  3. TITLE  ONDARCO 2655 19  3. STREET ADDRESS  GOTY-51-2P  UPTD  OELETE  3. TITLE  OPTO-51-2P  OELETE  3. TITLE  OCHANGE  OCHANGES  GOTY-51-2P  OELETE  3. TITLE  OCHANGE  OCHANGES  GOTY-51-2P  OELETE  3. TITLE  OCHANGE  OCHANGES  GOTY-51-2P  OFFICERS AND CHANGES  OCHANGES  OCTY-51-2P  OELETE  3. TITLE  OCHANGES  OCTY-51-2P  OCHANGES  OCHANGES  OCHANGES  OCHANGES  OCHANGES  OCHANGES  OCHANGES  OCHANGES	Zip	Zip Country Zip Co		Country	S. This serperation street in section 7.				
LANGSTADT, OLIVER J ESQUIRE  815 PONCE DE LEON BOULEVARD SECOND FLOOR CORAL GABLES F L 33134  41 City FL  82 Street Address (P.O. Box Number is Not Acceptable)  83 City Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above name opporation submits this statement for the purpose of changing is registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above name opporation submits this statement for the purpose of changing is registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above name opporation submits this statement for the purpose of changing is registered agent agent agent of the opporation's board of directors. I hereby accept the appointment as registered agent agent agent agent required when relateding.  12. OFFICERS AND DIRECTORS 1 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS 1 13 STREET ADDRESS 1 1 STREET AD	24 33126	33126 25 Dade 29 33126 30			Dade	ie i situation i i i i i i i i i i i i i i i i i i		MO NO	
LANGSTADT, CILVER J ESOURE 815 PONCE DE LEON BOULEVARD SECOND FLOOR CORAL GABLES FL 33134  ### City		<ol><li>Name and Address of Current I</li></ol>	Registered Agent		Г	10. Name and Address of Nev	Registered /	Agent	
815 PONCE DE LEON BOULEVARD SECOND FLOOR CORAL GABLES FL 33134  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the provisions of Sections 607.0502, Florida Statutes, the provisions of Green of Change   Addison December 12 pages	1 484	COTART OUNTED LECOURE		81	Name				
SECOND FLOOR CORAL GABLES FL 33134  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 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, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE Signature, typed or precisal name of impatered agent and the if approachs  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17. OFFICERS, LUCIANO LIONEL  CONDARCO 2655 'B'  13. STREET ADDRESS  CITY-ST-2P  SUBLENOS AIRES, ARGENTINA  14. CITY-ST-2P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. VME  CORTESE, LUCIANO LIONEL  CONDARCO 2655 'B'  13. STREET ADDRESS  CITY-ST-2P  SUBLENOS AIRES, ARGENTINA  14. CITY-ST-2P  15. Change  Addition  POCA, MARIANO HERNAN  22. NWE  ROCA, Mariano Hernan  22. NWE  ROCA, Mariano Hernan  32. WME  33. STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  31. TITLE  DELETE  31. TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  William Florida  33.15.6.  Change  Addition  Addition  Addition  Addition  AMME  33. STREET ADDRESS  CITY-ST-2P  TITLE  ADDRESS  CITY-ST-2P  ADDRESS  CITY-ST-2P  ADDRESS  CITY-ST-2P  ADDRESS  CITY-ST-2P  ADDRESS  ADDR			82 Street Add		ddress (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134    Mathematical Corporation   Corpor						,			
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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 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 and the provision of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of impatented agent and tible in appociate.  (INVIE Registered Agent septiment impatent when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE PSD  CONTESE, LUCIANO LIONEL  12. WAME  13. STREET ADDRESS  CONDARCO 2655 'B'  STREET ADDRESS  CONDARCO 2655 'B'  BUENOS AIRES, ARGENTINA  14. CONT.ST.2P  TITLE  VPTD  DELETE  13. STREET ADDRESS  CONV.ST.2P  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  Addition  Addition  Addition  AMME  STREET ADDRESS  CONV.ST.2P  DELETE  STREET ADDRESS  STREET	COHAL GABLES FL 33134			84	City			85 Zi	p Code
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Signature, typed or private name of registered agent star dilet it appoints to granture required when introluting)   DATE	office or r agent. I a	egistered agent, or both, in the State of	Florida. Such change was auth	onzed by	the corpor	ration's board of directors. I hereby acc	ept the appoir	itment as	registered
TITLE PSD   DELETE   1.1 TITLE   Change   Addition   NAME   CORTESE, LUCIANO LIONEL   1.2 NAME   1.3 STREET ADDRESS   CITY-ST-ZP   BUENOS AIRES, ARGENTINA   1.4 CITY-ST-ZIP   NAME   STREET ADDRESS   JR. DE VELAZCO 822, 3RO - B*   2.3 STREET ADDRESS   CITY-ST-ZIP   DELETE   DELETE   3.3 STREET ADDRESS   CITY-ST-ZIP   TITLE   DELETE   3.3 STREET ADDRESS   CITY-ST-ZIP   DELETE   3.3 STREET ADDRESS   CITY-ST-ZIP   DELETE   4.1 TITLE   DELETE   4.2 NAME   STREET ADDRESS   CITY-ST-ZIP   DELETE   4.4 CITY-ST-ZIP   TITLE   DELETE   4.4 CITY-ST-ZIP   TITLE   DELETE   3.5 STREET ADDRESS   CITY-ST-ZIP   DELETE   3.5 STREET ADDRESS   CITY-ST-	SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Ager	it signature rec				
Time	12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO C	FFICERS AN		
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DELETE   D	STREET ADDRESS	<del>.R. DE VELAZCO 822, 3RO "B"</del> 238		2.3 STREET	TADDRESS	6707 S.W. 88 Street	, #120		
NAME	CITY-ST-ZIP	BUENOS-AIRES, ARGENTINA		2.4 CITY-S	T-ZIP	Miami, Florida 33	156		
STREET ADDRESS	TITLE		☐ DELETE	3.1 TITLE		·		Change	e 🔲 Addition
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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 suppliments 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 of the receiver or bustee 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 example to with an address, with all other like empowered.

SIGNATURE:

REQUIRED