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
Aug 19, 1999 8:00 am
Secretary of State
08-19-1999 90009 031 ***550.00

DOCUMENT # P98000054687

1. Corporation Name
SUNSET CARGO, INC.

Principal Place of Business	Mailing Address
1800 SUNSET HARBOUR DR., #1806 MIAMI BEACH FL 33139	MAIPU 350, 10TH PISO PFICINA B Y C BUENOS AIRES ARGENTINA 1003

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
06/16/1998

2. Principal Place of Business	21	2a. Mailing Address	26	5255 N.W. 87th Ave.
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27	Suite 301
City & State	23	City & State	28	Miami FL
Zip	Country	24	25	Zip 33178 29	Country 30 USA

4. FEI Number 65-0936965
Applied For / Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

GONZALEZ, FLORENTINO L
20803 BISCAYNE BLVD.
STE. 200
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81	Name	Carlos M. Castellon
82	Street Address (P.O. Box Number is Not Acceptable)	5255 N.W. 87th Ave. #301
83		
84	City	Miami FL	85	Zip Code 33178

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 _Carlos Castellon_ 7/6/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VAZQUEZ, ALBERTO E		1.2 NAME	
STREET ADDRESS	1800 SUNSET HARBOUR DR., #1806		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCIANA, GLADIS BEATRIZ		2.2 NAME	
STREET ADDRESS	1800 SUNSET HARBOUR DR., #1806		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: _SIGNATURE REQUIRED_ 7/6/99 (305) 994-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)