→ PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90095 001 ***150.00

DOCUMENT # P98000069388										
PANORAMA CARGO AND SERVICE INC.					į					
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Principal Place	e of Business	Mailing Address				T CONTROL IND SECON NEWS DOWN TO	Oley Clark Cores	liten värän elvav s	ETAT INIA SANA	
10510 WEST FLAGLER ST. 10510 WEST FLAGLER ST.										
MIAMI FL 33174 MIAMI FL 33174						DO NOT WE	ITE IN THIS	SPACE		
}						3. Date incorporated or Qualifect		01 700		}
						08/10/1998)
2. Principal Place of Business		Za, Malling Address					App	olied For	}	
21		26				4. FEI Number 65-086 292	7		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A			
22 City & Stat		27						\$5.00		,
_ ′	6	City & State		- <u>-</u>	سحت	a, Election Campaign Financing Trust Fund Contribution	حدد الأست	י עט,כ∉ א bebbA		
Zip	Country	Zip Country				8. This corporation owes the current year intangible				1
24	[25]		10			Personal Property Tax. Yes No				}
[24]	g. Name and Address of Current					10. Name and Address of New	Registered	Agent		ļ
			[1	B1 Na	ame					ļ
URIARTE, NORMAN			į,	92 St	treet Addres	ss (P.O. Box Number is Not Accep	table)			
	81 S.W. 69TH ST.		Ĺ	_						ł
i Milan	A) FL 33193		}'	83		_)
(\ <u>1</u>	B4 Ci	ity		FL	85 Zip C	ode	,
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Office of u	edizteled adeur of none in the stein of	of Florida, Such Change was aut	nonzeu i	by the	corporation	5 SOURCE OF DIRECTORS, 1 TIBLEDY SOC	apt ata appo			l !
,	registered agent, or ocul, in the State of im familiar with, and accept the obligation	or Florida, Such change was autions of, Section 607.0505, Florid	nonzed ta Statut	by the (corporation	ration submits this statement for the 's board of directors. I hareby account	apt allo appo		i	
office or n agent. I a SIGNATURE	registered agent, or oout, in the state of imfamiliar with, and accept the obligation. Styristure, typed or printed name of registered agent.					when reinstating)	DATE			(8)
,	Signature, typed or printed name of registered agent OFFICERS AN!	and the Mappicable. (NOTE: R	13.	gent sign			DATE	ID DIRECTO	RS IN 12	(1/98)
SIGNATURE	Styrmbure, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE: R	13,	gent eign		when reinstating)	DATE			4 (1,1/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Styrulure, typed or privided name of registered agent OFFICERS AND P URIARTE, NORMAN 15081 S.W. 69TH ST.	and the Mappicable. (NOTE: R	13. 1.1 ITTL 1.2 NAA 1.3 STR	gent eigni E IE EET ADDI	nature required v	when reinstating)	DATE	ID DIRECTO	RS IN 12	R2E034 (11/98)
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I hereby certify that the information supplied what airs limit does not qualify for the exemption stated in Section 113.07(3)(), Fronce statutes. I have the same legal effect as if made under oath; that I am an 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, occupying attachment with an address, with all other like empowered.

SIGNATURE:

305 225-7167