

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000075698

1. Corporation Name

CARGO RISK MANAGEMENT, INC.

Principal Place of Business

2100 CORAL WAY
SUITE 301
MIAMI FL 33145

Mailing Address

2100 CORAL WAY
SUITE 301
MIAMI FL 33145

FILED

99 DEC -6 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1998

4. FEI Number

65 0860505

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.

☒

Yes ☐ No

2. Principal Place of Business

21 8249 NW 36 St. Suite 201

Suite, Apt., etc.

22 Suite 201

City & State

23 MIAMI FL

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 8249 NW 36 St. Suite 201

Suite, Apt., etc.

27 Suite 201

City & State

28 MIAMI FL

Zip

29 33166

Country

30 USA

9. Name and Address of Current Registered Agent

MARTINEZ, JUAN C
2100 CORAL WAY
SUITE 301
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name MARTINEZ JUAN C.
82 Street Address (P.O. Box Number is Not Acceptable) 8249 NW 36 St
83 Suite 201
84 City MIAMI FL 85 Zip Code 33166

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

JUAN C MARTINEZ President. 9/8/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D. ☐ DELETE

NAME MARTINEZ, JUAN C

STREET ADDRESS 2100 CORAL WAY SUITE 301

CITY-STATE-ZIP MIAMI FL 33145

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D-P-S ☒ Change ☐ Addition

1.2 NAME MARTINEZ JUAN C.

1.3 STREET ADDRESS 8249 NW 36 St. Suite 201

1.4 CITY-STATE-ZIP MIAMI FL 33166

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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.

SIGNATURE:

JUAN C. MARTINEZ

Date

Daytime Phone #

9/8/99 (303) 513-4744

CR2E034 (5/99)