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
Apr 30, 1999 8:00 am
Secretary of State
04-30-1999 90195 019 ***158.75

DOCUMENT # P98000091658

1. Corporation Name

SHAMMAH CARGO TRANSPORTATION AND RELATED SERVICE
S CORP.

Principal Place of Business	Mailing Address
1830 S.W. 16 ST. MIAMI FL 33145	120 W. 10 ST. #12 HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/27/1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 11041 N.W. 7 St.	26 11041 N.W. 7 St.	65-0880607	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 103	27 103	5. Certifcate of Status Desired ☒	**$8.75** Additional Fee Required
City & State	City & State	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
23 Miami, Fl.	28 Miami, Fl.		
Zip / Country	Zip / Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
24 33172 25 USA	29 33172 30 USA		

9. Name and Address of Current Registered Agent

MEJIA, MERCEDES
13351 S.W. 47 ST.
MIAMI FL 33175

10. Name and Address of New Registered Agent

81	Name	N/A
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.
N/A

SIGNATURE
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 D ☐ DELETE		1.1 TITLE	☐ Change	☐ Addition
NAME GONZALEZ, JOSE R		1.2 NAME		
STREET ADDRESS 120 W. 10 ST. #12		1.3 STREET ADDRESS 11041 N.W 7 St. #103		
CITY-ST-ZIP HIALEAH FL 33010		1.4 CITY-ST-ZIP Miami, Fl. 33172		
TITLE D ☐ DELETE		2.1 TITLE	☐ Change	☐ Addition
NAME MEJIA, MERCEDES F		2.2 NAME		
STREET ADDRESS 13351 S.W. 47 ST.		2.3 STREET ADDRESS 11041 N.W. 7 St. # 103		
CITY-ST-ZIP MIAMI FL 33175		2.4 CITY-ST-ZIP Miami, Fl. 33172		
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		

CR2E034 (11/98)

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: *Mercedes F. Mejia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/1999   (305) 579-5588
Date   Daytime Phone #