


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90007 007 ***150.00
 09-08-1999 90001 049 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT #
 1. Corporation Name
 ATC CARGO INC. P98000104803 ✓

Principal Place of Business Mailing Address
 4336 NW 109th PLACE MIAMI, FL 33178
 4336 NW 109th PLACE MIAMI, FL 33178

07/28/99 90007 007 150.00
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4336 NW 109th PLACE Suite, Apt. #, etc. 22 MIAMI, FL 33178 City & State 23 Zip Country	2a. Mailing Address 26 4336 NW 109th PLACE Suite, Apt. #, etc. 27 MIAMI, FL 33178 City & State 28 Zip Country
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3. Date Incorporated or Qualified
 December 17, 1998

4. FEI Number
 65-0882219

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

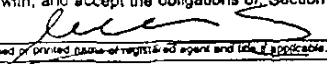
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 Sara Bustamante
 4336 NW 109th PLACE
 MIAMI, FL 33178

10. Name and Address of New Registered Agent

81 Name Sara Bustamante
 82 Street Address (P.O. Box Number is Not Acceptable) 4336 NW 109th PLACE
 83 MIAMI, FL 33178
 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.

SIGNATURE  07/15/99 DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

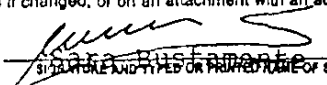
12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Sara Bustamante	
STREET ADDRESS	4336 NW 109th PLACE	
CITY-ST-ZIP	MIAMI, FL 33178	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  07/15/99 305-498-7196
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)