

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90066 001 ***150.00

DOCUMENT # P99000104083

1. Entity Name
AEROCARGAS SUR INTERNATIONAL, CORP.

Principal Place of Business 8262 NW SOUTH RIVER DRIVE MEDLEY FL 33166	Mailing Address 8262 NW SOUTH RIVER DRIVE MEDLEY FL 33166
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2. Principal Place of Business 8346-C NW SOUTH RIVER DR.	3. Mailing Address 8346-C NW SOUTH RIVER DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MEDLEY, FL	City & State MEDLEY, FL
Zip 33166	Country
Country	Zip 33166
Country	Country

4. FEI Number 65-0966867	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIOS, LEOPOLDO
1800 WEST 49TH STREET
SUITE 207
HIALEAH FL 33012

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Flork* DATE 05/01/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARGUELLES, EMILIO N	
STREET ADDRESS	8262 NW SOUTH RIVER DRIVE	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ALBACI, DANIEL A	
STREET ADDRESS	8262 NW SOUTH RIVER DRIVE	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VEGA, ALFRED	
STREET ADDRESS	8262 NW SOUTH RIVER DRIVE	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8346-C NW SOUTH RIVER DR.	
CITY-ST-ZIP	MEDLEY, FL 33166	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8346-C NW SOUTH RIVER DR.	
CITY-ST-ZIP	MEDLEY, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8346-C NW SOUTH RIVER DR.	
CITY-ST-ZIP	MEDLEY, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alfredo Vega* DATE 05-01-00 DAYTIME PHONE # 305 863 2255

CR2E034 (9/99)