

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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S03999 (7)			
1. Corporation Name ENCARGO EXPORT CORPORATION			
Principal Place of Business 8279 N.W. 66TH STREET MIAMI FL 33168		Mailing Address 8279 N.W. 66TH STREET MIAMI FL 33168-2721	
2. Principal Place of Business 21 8356 N.W. 66 ST Suite, Apt. #, etc.		2a. Mailing Address 26 8356 N.W. 66 ST. Suite, Apt. #, etc.	
22 City & State 23 MIAMI, FL.		27 City & State 28 MIAMI, FL.	
24 Zip 33166 Country U.S.A.		29 Zip 33166 Country U.S.A.	
9. Name and Address of Current Registered Agent NADAL, CARLOS 8279 NW 66TH ST. MIAMI FL 33168		10. Name and Address of New Registered Agent 81 Name ALBERTO PANIAGUA 82 Street Address (P.O. Box Number is Not Acceptable) 83 4670 S.W. 154 Ave. 84 City MIAMI FL 85 Zip Code 33185	
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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT NAME NADAL, CARLOS STREET ADDRESS 8279 NW 66 ST. CITY-ST-ZIP MIAMI FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE V NAME PANIAGUA, ALBERTO STREET ADDRESS 8279 NW 66 ST CITY-ST-ZIP MIAMI FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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: [Signature]		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature]	



CR2E034 (9/96)