

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # S03999 (7)  
1. Corporation Name  
ENCARGO EXPORT CORPORATION



|   |   |
|---|---|
| Principal Place of Business<br>8356 N.W. 66 ST.<br>MIAMI FL 33166<br>US | Mailing Address<br>8356 N.W. 66 ST.<br>MIAMI FL 33166<br>US |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br>10/01/1990   |  |
|   |  |  |  | 4. FEI Number<br>65-0218073   |  |
|   |  |  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
|   |  |  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
|   |  |  |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br>PANAGUA, ALBERTO<br>4870 S.W. 154 AVE.<br>MIAMI FL 33185 |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name ALBERTO PANAGUA<br>82 Street Address (P.O. Box Number is Not Acceptable) 8635 N.W. 8th St. Apt. 413<br>83<br>84 City MIAMI FL 85 Zip Code 33126 |  |  |  |
|---|--|--|--|---|--|--|--|

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  DATE 4/20/98

|                                     |  |  |  |   |  |  |  |
|-------------------------------------|--|--|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS          |  |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12             |  |  |  |
| <input type="checkbox"/> DELETE     |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| 1.1 TITLE PT                        |  |  |  | 1.1 TITLE PT  |  |  |  |
| 1.2 NAME NADAL, CARLOS              |  |  |  | 1.2 NAME NADAL, CARLOS  |  |  |  |
| 1.3 STREET ADDRESS 8356 N.W. 66 ST. |  |  |  | 1.3 STREET ADDRESS 8356 N.W. 66 ST.                               |  |  |  |
| 1.4 CITY-ST-ZIP MIAMI FL            |  |  |  | 1.4 CITY-ST-ZIP MIAMI FL 33166                                    |  |  |  |
| <input type="checkbox"/> DELETE     |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| 2.1 TITLE V                         |  |  |  | 2.1 TITLE V   |  |  |  |
| 2.2 NAME PANAGUA, ALBERTO           |  |  |  | 2.2 NAME V PANAGUA, ALBERTO                                       |  |  |  |
| 2.3 STREET ADDRESS 8356 N.W. 66 ST. |  |  |  | 2.3 STREET ADDRESS 8356 N.W. 66 ST.                               |  |  |  |
| 2.4 CITY-ST-ZIP MIAMI FL            |  |  |  | 2.4 CITY-ST-ZIP MIAMI FL 33166                                    |  |  |  |
| <input type="checkbox"/> DELETE     |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| 3.1 TITLE                           |  |  |  | 3.1 TITLE   |  |  |  |
| 3.2 NAME                            |  |  |  | 3.2 NAME  |  |  |  |
| 3.3 STREET ADDRESS                  |  |  |  | 3.3 STREET ADDRESS  |  |  |  |
| 3.4 CITY-ST-ZIP                     |  |  |  | 3.4 CITY-ST-ZIP   |  |  |  |
| <input type="checkbox"/> DELETE     |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| 4.1 TITLE                           |  |  |  | 4.1 TITLE   |  |  |  |
| 4.2 NAME                            |  |  |  | 4.2 NAME  |  |  |  |
| 4.3 STREET ADDRESS                  |  |  |  | 4.3 STREET ADDRESS  |  |  |  |
| 4.4 CITY-ST-ZIP                     |  |  |  | 4.4 CITY-ST-ZIP   |  |  |  |
| <input type="checkbox"/> DELETE     |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| 5.1 TITLE                           |  |  |  | 5.1 TITLE   |  |  |  |
| 5.2 NAME                            |  |  |  | 5.2 NAME  |  |  |  |
| 5.3 STREET ADDRESS                  |  |  |  | 5.3 STREET ADDRESS  |  |  |  |
| 5.4 CITY-ST-ZIP                     |  |  |  | 5.4 CITY-ST-ZIP   |  |  |  |
| <input type="checkbox"/> DELETE     |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| 6.1 TITLE                           |  |  |  | 6.1 TITLE   |  |  |  |
| 6.2 NAME                            |  |  |  | 6.2 NAME  |  |  |  |
| 6.3 STREET ADDRESS                  |  |  |  | 6.3 STREET ADDRESS  |  |  |  |
| 6.4 CITY-ST-ZIP                     |  |  |  | 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 supplementary 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:  DATE 4/20/98 305-541-0412

CR2E034 (10/97)