

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

FILED

May 01 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **S17800** (1)
1. Corporation Name
WORLD TRADE & CARGO, INC.



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| Principal Place of Business 6945 NW 82ND AVENUE MIAMI FL 33166 US | Mailing Address 6945 NW 82ND AVENUE MIAMI FL 33166-2766 US |
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|--|--|---|--|---|--|--|--|
| 2. Principal Place of Business 21 5149 N.W. 74 AVE. Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip 24 33166 | | 2a. Mailing Address 26 5149 N.W. 74 AVE. Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip 29 33166 | | 3. Date Incorporated or Qualified 12/11/1990 | | 3a. Date of Last Report 05/01/1996 | |
| 25 DADE | | 30 DADE | | 4. FEI Number 65-0236768 | | Applied For Not Applicable | |
| | | | | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent LOZANO, YOLANDA 8180 GENEVA CT #B428 MIAMI FL 33166 | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 17700 North Bay Rd. #504 83 84 City MIAMI BEACH 85 Zip Code FL 33160 | | | |
|---|--|--|--|--|--|--|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| | | | | | | | |
|---------------------------------|--------------------------|---------------------------------|--|--|---|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| <input type="checkbox"/> DELETE | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | PSD | | | 1.1 TITLE | | | |
| NAME | LOZANO, YOLANDA | | | 1.2 NAME | | | |
| STREET ADDRESS | 8180 GENEVA COURT, B-428 | | | 1.3 STREET ADDRESS | 17700 North Bay RD. #504 | | |
| CITY-ST-ZIP | MIAMI FL | | | 1.4 CITY-ST-ZIP | MIAMI BEACH FL 33160 | | |
| TITLE | VTD | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LOZANO, YOLANDA | | | 2.2 NAME | | | |
| STREET ADDRESS | 8180 GENEVA CT B428 | | | 2.3 STREET ADDRESS | 17700 North Bay Rd. #504 | | |
| CITY-ST-ZIP | MIAMI FL | | | 2.4 CITY-ST-ZIP | MIAMI BEACH FL 33160 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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:  YOLANDA LOZANO PRESIDENT 04/01/97
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)