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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S76417**

1. Corporation Name

DATA CARGO CO., INC.

Principal Place of Business	Principal	Place	of	Business
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Mailing Address

COM AND OF AMERICA

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90074 027 ***150.00



6611 NW 84 AVENUE 6611 NW 84 A			DO NOT WRITE IN THIS	S SPACE		
			3. Date Incorporated or Qualifed 08/28/1991			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
1 8235 N.W. 68Sti	26 8235 N.W.	68 St.	65-0287463	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	····	5. Certifcate of Status Desired	\$8.75 Additional		
City & State Ani A.	City & State 28 MIAmi F	-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 331 66 25 USA		intry USA	This corporation owes the current year Ir Personal Property Tax.	☑Yes □No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
DUCCIEDO CADIO CAFTANO		81 Name				
RUGGIERO, FABIO CAETANO 2000 NE 36TH PL		82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33139		83		, 184		
		84 City	FI	L 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.

agent. Fair fairlifai with, and accept the bullgations of, decaph do 7,0000, Florida dictation.									
SIGNATURE	Signature, typed or printed name of registered agent and ti	tle if applicable (NOTE: R	egistered Agent signature requ	uired when reinstating) DA1	E				
12.	OFFICERS AND DIF		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 •					
TITLE	P	☐ DELETE	1.1 TITLE		Change	Addition			
NAME	RUGGIERO, FABIO CAETANO		1.2 NAME						
STREET ADDRESS	20000 N E 36TH PLACE		1.3 STREET ADDRESS			ļ			
CITY-ST-ZIP	AVENTURA FL		1.4 CITY-ST-ZIP						
TITLE	VPS	☐ DELETE	2.1 TITLE		Change	Addition			
NAME !	RUGGIERO, MARIA H		2.2 NAME						
STREET ADDRESS	20000 NE 36TH PLACE		2.3 STREET ADORESS						
CITY-ST-ZIP	AVENTURA FL		2.4 CITY-ST-ZIP			, , ,			
TITLE	VP	DELETE	3.1 TTLE		☐ Change	Addition			
NAME	RUGGIERO, RENATO		3.2 NAME	·					
STREET ADDRESS	20000 NE 36TH PLACE		3.3 STREET ADDRESS			,			
CITY-ST-ZIP	AVENTURA FL		3.4. CITY-ST-ZIP						
TITLE	VP	☐ DELETE	4.1 TITLE	AL MENTALIA	☐ Change	☐ Addition			
NAME	RUGGIERO, ANA PAULA		4. 2 NAME						
STREET ADDRESS	20000 NE 36TH PLACE		4.3 STREET ADDRESS						
CITY-ST-ZIP	AVENTURA FL	*-	4.4 CITY-ST-ZIP						
TITLE	T	☐ DELETE	5.1 TTLE		☐ Change	☐ Addition			
NAME	RUGGIERO, JR. FABIO		5.2 NAME						
STREET ADDRESS	20000 NE 36TH PLACE		5.3 STREET ADDRESS						
CITY-ST-ZIP	AVENTURA FL		5.4 CITY-ST-ZIP			_			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
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 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 of 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, of on an attachment with an address, with all other like empowered.

SIGNATURE: