## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996

GR CARGO CORP.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

S78465 DOCUMENT #
1. Corporation Name

(9)

FILED 96 MAY 10 PH 3:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address				1 (40):4(8 41) 1886) 18111 21014 81501 8111 61611 41611 41611 41611 41611 41611 41611	
9621 N.W. 54 STREET 2247 W 53RD PLACE MIANI FL 33166 HIALEAH FL 33016					
US				3. Date Incorporated or Qualified	
2. Principal Pla	ce of Business	2a. Marling Address		4. FEI Number Applied For 65-0282398 Not Applied by	
Suite, Apt. #	! etc	Suite Apt #. etc.		\$8.75 Additional	
22		27		5. Cert-licate of Status Desired Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust rund Continuation — Added to Fees	
Zip	Country	Zip	Country	This corporation has liability for intangible tax under s 199.032,     Florida Statutes	
24	25	[29]	30	Florida Statutes Yes No  10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	nt Hegistered Agent	61 Name	10. Name and Address of New negistered Agent	
COUNTAL	ED MADIA D				
Grunauer, Maria D. 2247 w 53RD Place			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33016			83		
HINGEN	171. 33010				
			<b>84</b> City	FL 85 Zip Code	
or registere familiar with SIGNATURE	o the provisions of Sections 607,050 and agent, or both, in the State of Fio h, and accept the obligations of, Sec	ida, Such change was aufho ition 607.0505, Florida Statut	ized by the corporation's t	rporation submits this statement for the purpose of changing its registered officeour of directors. I hereby accept the appointment as registered agent. I am	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIT.E	VP	☐ DELFTE	1 1 THILE	Change Addition	
NAME	GRUNAUER, XAVIER A		1.2 NAME		
STREET ADDRESS	2247 W 53RD PL		1.3 STREET ADDRESS	200001827382	
CITY-ST-7IP	HIALEAH FL		1.4 Off y - ST-2IP	-05/17/9601100001	
TITLE		DELETE	2 1 TITLE	20001827382 -05/17/9601100001 ****225.00 *****2½/90**	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2.4.0 TY - ST - ZIP	Classe C Address	
TITLE		Devete	3 1 TIFLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST-ZIP		C''l tyr Cir	3.4 City - ST-7IP	☐ Change ☐ Addition	
THTLE		☐ DELETE	4 1 TITLE	El o tange El restrivi	
NAME			4.2 NAME		
STREET ADOPESS			4.3 STHEET ADDRESS		
C(TY-ST-ZIF		DELETE	4.4 CITY - ST - ZIF 5.1 THEF	☐ Change ☐ Addition	
TIFLE	55,10,90		5.2 NAME		
NAME	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S!-7:P		[] DELETE	5.4 CITY - ST - Z.P 6.1 TITLE	Change Addition	
TIFLE		- Dreet	62 NAME		
NAME CARCOLADODECC			63 STACET ADDRESS		
STREET ADDRESS	1		6.4.015 - ST-2IP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 arm 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 eherged, or en an attraction of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)