

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99 \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE \$750)

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S83630

1. Corporation Name
NATIONWIDE CARGO SERVICE, INC.

Principal Place of Business
46 S.W. 1ST STREET
FOURTH FLOOR
MIAMI FL 33130

Mailing Address
46 S.W. 1ST STREET
FOURTH FLOOR
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1991

4. FEI Number

65-0291289

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owns the current year
Intangible Personal Property

☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

22. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

COHEN, GARY P.
46 S.W. 1ST STREET
FOURTH FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent

81. Name Raul M. Saenz
82. Street Address (P.O. Box Number is Not Acceptable)
8180 NW 36th St, 100
83. City Miami
84. FL
85. Zip Code 33166

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 and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE *Raul M. Saenz*

9-29-99

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PSD
PRICE, WALTER S
2880 RIVERA COURT
FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

14. I hereby certify that the information supplied on this form 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 recorder or judge 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 to this address.

SIGNATURE *Raul M. Saenz*

SIGNATURE AND PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 30 AM 10:27

