

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

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # S99708 (7) 95 JUN 14 AM 10:05					
1. Corporation Name VIACARGO, INC.					
Principal Place of Business 1871 S BAYSHORE DR PH MIAMI FL 33133 US			Mailing Address 1871 S BAYSHORE DR PH MIAMI FL 33133 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23			3a. Date of Last Report 04/21/1994		
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28			3. Date Incorporated or Qualified 12/12/1991		
24			4. FEI Number 65-0301591		
25			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
26			6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		
27			7. This corporation has liability for franchise fee under S. 199.032, Florida Statutes ☐ Yes ☒ No		
28			8. Name and Address of Current Registered Agent VIACARGO INC 1871 S. BAYSHORE DR MIAMI FL 33131		
29			10. Name and Address of New Registered Agent 81 Name ANDRES PEREZ 82 Street Address (P.O. Box Number is Not Acceptable) 1871 S. BAYSHORE DR. 83 84 City MIAMI FL 85 Zip Code 33131		
30			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 is so 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 <i>[Signature]</i> 14/7/95		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY ST ZIP			1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP			2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP		
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TITLE NAME STREET ADDRESS CITY ST ZIP			4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP		
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TITLE NAME STREET ADDRESS CITY ST ZIP			6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP		
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)(b), 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: <i>[Signature]</i> 4/7/95 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					