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 # V03329 1. Corporation Name

AUTO CARGO, INC.

Principal Place of Business	Mailing Address	
2400 BRICKELL AV 107D MIAMI FL 33129 US	2400 BRICKELL AV 1070 MIAMI FL 33129 US	
2. Principal Place of Business	2a. Mailing Address	

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90065 039 ***150.00



Principal Place	e of Business	Mailing Address				i Mismii mutan ilian siin i	1016 1014 ASS41 A	1841 MINII NIGIS N	1911 8(8() 1881
2400 BRICKELL		2400 BRICKELL AV							
1070 1070					DO NOT WRITE IN THIS SPACE				
		MIAMI FL 33129			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
US		US		·	12/26/1	-	i		
a Danainal Di	ace of Business	2a, Mailing Address			4. FEI Numb			Api	plied For
'	ace of Business	26				PPLICABLE		<u> </u>	t Applicable
Suite, Apt. 7	# etc	Suite, Apt. #, etc.			3			\$8.75 A	dditional
22	,, 5.6.	27			5. Certificate	of Status Desired		Fee Re	quired
City & State	9	City & State			6. Election C	Campaign Financing		\$5.00	May Be
23		28			Trust Fun	d Contribution		Added t	o Fees
Zip	Country	Zip	Country	<i>!</i>		oration owes the cur	rent year Int		
24	25		30			Property Tax.	5		□No
	9. Name and Address of Curren	t Registered Agent	81	Nema	10. Name an	d Address of New	Registered	Agent	
1100	DED LADDY K		101	Name				•	
	PPER, LARRY K. EAST 38TH STREET		82	Street Ac	ldress (P.O. Box N	umber is Not Accept	able)		
	EAST 3011 STREET		83			. O. 2 946 11 1	<u>a a su suas e</u> Parkira a a a	3.265	14 A \$4 (8)
HIAL	EAN FE 33013		03	Ί ·	<u> </u>				
			84	City		ar o nyiyi virkiratt K	FI	85 Zip (Code
44.5	to the provisions of Sections 607.050	2 and 607 1509 Florida Statutes	s the abov	e-named co	rnoration submits t	his statement for the	purpose of	changing its	registered
office or re	egistered agent or both in the State :	of Florida, Such change was aut	inorizea by	the corpora	ation's board of dire	ctors. I hereby acce	pt the appoi	ntment as re	gistered
agent. I ar	m familiar with, and accept the obligation	itions of, Section 607.0505, Fiori	oa Statutes	S.					1
									•
SIGNATURE	Signature, lyned or printed name of registered ager			•	uired when reinstating)		DATÉ	· .	
	Signature, typed or printed name of registered ager OFFICERS AN			•	uired when reinstating)	S/CHANGES TO OF			
SIGNATURE 12. TITLE		nt and title if applicable. (NOTE: F	Registered Age	•		S/CHANGES TO OF		ND DIRECTO	RS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE: F	Registered Age	nt signature requ					
12.	OFFICERS AN	nt and title if applicable. (NOTE: F	13. 1.1 TITLE	nt signature requ					
12. TITLE NAME	PST GANT, RICHARD	nt and title if applicable. (NOTE: F ND DIRECTORS DELETE	13. 1.1 TITLE	nt signature requ				☐ Change	☐ Addition
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: