

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

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95 APR 20 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthien
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V22582** (3)

1. Corporation Name
M & M CARGO SERVICES, INC.

Principal Place of Business Mailing Address
~~2220 SW 131 PL MIAMI FL 33135~~ **9940 NW 9 ST Cir #106 MIAMI FL 33172**
~~2220 SW 131 PL MIAMI FL 33135~~ **PO Box 522932 MIAMI FL 33152-2932**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/20/1992** 3a. Date of Last Report **07/21/1994**

4. FEI Number **65-0421645** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
~~BELLO, MIGUEL A.
2220 SW 131 PL
MIAMI FL 33175~~
**MENDEZ, MANUEL
9940 NW 9 ST Cir. #106
MIAMI, FL 33172**

10. Name and Address of New Registered Agent
81 Name **Mendez, Manuel**
82 Street Address (P.O. Box Number is Not Acceptable) **9940 NW 9 ST Cir #106**
83
84 City **MIAMI** FL 85 Zip Code **33172**

11. Pursuant to the provisions of Sections 607.0602 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.

SIGNATURE *M. Mendez* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE ~~PD~~
NAME ~~BELLO, MIGUEL A.~~
STREET ADDRESS ~~2220 SW 131 PL~~
CITY-ST-ZIP ~~MIAMI FL~~
TITLE ~~SD~~
NAME ~~BORGES-BELLO, MARIA I.~~
STREET ADDRESS ~~2220 SW 131 PL~~
CITY-ST-ZIP ~~MIAMI FL~~
TITLE **VD**
NAME **MENDEZ, MANUEL**
STREET ADDRESS **830-4 NW 106 AVE**
CITY-ST-ZIP **MIAMI FL**
TITLE **TD**
NAME **MENDEZ, VICTORIA F.**
STREET ADDRESS **830-4 NW 106 AVE**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY-ST-ZIP
2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY-ST-ZIP
3 1 TITLE **PRESIDENT** Change Addition
3 2 NAME **Mendez, Manuel**
3 3 STREET ADDRESS **9940 NW 9 ST Cir #106**
3 4 CITY-ST-ZIP **MIAMI FL 33172**
4 1 TITLE **SECRETARY-TREASURER** Change Addition
4 2 NAME **Mendez, Victoria F.**
4 3 STREET ADDRESS **9940 NW 9 ST Cir #106**
4 4 CITY-ST-ZIP **MIAMI FL 33172**
5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 in the attachment with an address.

SIGNATURE: *M. Mendez* DATE: **4/15/94** (301) 727-0531