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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V22582

(3)

1. Corporation Name

M & M CARGO SERVICES, INC.

Principal Place of Business

9940 NW 9TH ST CIR
#106
MIAMI FL 33172
US

Mailing Address

PO BOX 522932
MIAMI FL 33152-2932
US

3. Date Incorporated or Qualified
03/20/1992

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 10000 NW- 9th STREET CIRCLE

2a. Mailing Address

26 SAME

4. FEI Number
65-0421645

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1

27

City & State

City & State

23 MIAMI, FL.

28

24 33172

Country
25 US

29

Country
30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELENZ, MANUEL
9940 NW 9TH ST CIR
#106
MIAMI FL 33172

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MENDEZ, MANUEL
STREET ADDRESS 9940 NW 9TH ST CIR #106
CITY-ST-ZIP MIAMI FL

1.1 TITLE P
1.2 NAME MENDEZ, MANUEL
1.3 STREET ADDRESS 10000 NW- 9th STREET CIRCLE #1
1.4 CITY-ST-ZIP MIAMI FL 33172

TITLE ST
NAME MENDEZ, VICTORIA F.
STREET ADDRESS 9940 NW 9TH ST CIR #106
CITY-ST-ZIP MIAMI FL

2.1 TITLE ST
2.2 NAME MENDEZ, VICTORIA F.
2.3 STREET ADDRESS 10000 NW- 9th STREET CIRCLE #1
2.4 CITY-ST-ZIP MIAMI FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

Date

227-0531

Daytime Phone #

0207844

CR2E034 (9/96)