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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996	CO WI US	DIVISION OF CO		JN3			
DOCUMENT #	V26211	(5)			1		
CARGONAUTS, INC	•				A TRANSPORTED TO THE STATE OF T	i ilbi didil didil tidil didil d	11811 B1811 1881
Principal Place of Business		Mailing Address				, LINI ASSIE ASSIE BION ASSIS A	1911 B1911 D1911
4450 NW 74 AVE.	4450 NW 74 AVE.						
MIAMI FL 33166		MIAMI FL 33166			Date Incorporated or Qualified		novi
					04/02/1992	06/29/199	
2. Principal Piace of Business		a. Mailing Address	· · · · · · · ·	1. < 1	4. FEI Number	A	pplied For
9545 NW	13th 5t 20). 131	h 5t.	65-0325663		ot Applicable
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	¥	Additional lequired
City & Spile Miami,	21	City & State	£1.		Election Campaign Financing Trust Fund Contribution	1 1	May Be to Fees
	Sountry	Zip	County	-0	8. This corporation has liability for i		199.032,
33174 [25]	DOH 2		30 0	211	Florida Statutes Yes 10. Name and Address of New R	No legistered Agent	
9. Name and	Address of Current Reg	gistered Agent	81	Name	IQ. (tallo site read of the		
SPENCER, ALBERTO			82 Street Address (P.O. Box Number is Not Acceptable)				
17187 SW 144TH PLA				000 (107 12 1			
MIAMI FL 33177			83			. #	
	(**		84	City		FL 85 Zip	Code
or registered agent, or both familiar with, and accept the	in the State of Florida, Si	uch chance was authorized.	the above- by the corp	named corpor coration's boa	ration submits this statement for the pui rd of directors. I hereby accept the app	pose of changing its re ointment as registered	agent. I am
SIGNATURE Shrubus speed or our	of rums of regolered agout and M			ent signaturo requira	d when reinstating: ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTOR	RS IN 12
12.	OFFICERS AND DIE	RECTORS TO DELFTE	13.	T 1		Change	Addition
TILE P PANN: SPENCER,	AL RERTO	/ / · ·	1.2 NAVE	1			
	144TH PLACE	(address)	1 3 STREE	TINDOCCO I CM		10.	
On STARE MIAMIFL 3	3177		14 CiTY -	ST-ZIP (Mami, Fl. 331	☐ Change	☐ Addition
DI.F		□ DELETE	2 1 TITLE 2 2 NAME			[] Omingo	L Addition
NAME STREET ADORESS			li .	ET ADDRESS			
DITY ST-ZIP			2.4 Cily				
inti		DELETE	3 1 THILE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDIESS				ET ADDRESS			
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TIFLE		_ beecie	4.2 NAM	}			
NAME STIELL ADDRESS				ET ADDRESS			
CIT+ ST-719			44007	- S1 - ZIP			
Tille		[] DELETE	5 1 TITL	I		☐ Change	☐ Addition
			5.2 N/M	r			

14. I do hereby certify that the information supplied with thirtifling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated contrains annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or directoryof the corporation or the receiver or trustee enipowered 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.

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 C(TY - ST - Z(P)

5 4 CHY - S1 - ZIF

6 1 TILE

6.2 NAME

SIGNATURE:

STREET ADDRESS

\$1EELL ADDRESS

CHY-ST-ZIP

THE

NAME

NAME OF SIGNING OFFICER OR DIRECTOR

DILFTE

☐ Change ☐ Addition