CR2E034 (5/98)

FILED

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE:

Jul 29 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name (0)UNITED CARGO SYSTEMS INC. Principal Place of Business Mailing Address 1850 N.W. 94TH AVENUE P.O. BOX 522632 MIAMI FL 33172 MIAMI FL 33152 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/10/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0325833 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RUIZ, LUIS A. 7204 FAIRWAY DRIVE, #126 Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33014 83 84 City Zip Code Pursuant to the provisions of sec office or registered agent, or both agent. I am familiar with, and arc ins 607.0502 and 607.1508, florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by the obligations of section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed r (NOTE: Registered Agent algorature required when reinstating) ND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS A 13. TITLE 1.1 TITLE DELETE _ Change ___ Addition LATORRE, CHARO NAME 1.2 NAME 6510 LAKE BLUE DR. STREET ADDRESS 3 STREET ADDRESS HARES MIAMI FL 33014 AUDUG CITY-\$T-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE __ Change ___ Addition RUIZ, LUIS A NAME 2.2 NAME 7204 FAIRWAY DR., #126 STREET ADDRESS 2.3 STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 51 TITLE TITLE DELETE __ Change __ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-\$T-ZIP TITLE DELEX Change Addition NAME 6.2 NAMÊ STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZII CITY-ST-ZIP 14. I hereby cartify that the information supp indicated on this annual report or suppl an officer or director of the corporation in Block 12 or Block 13 if changed, or stated in section 119,07(3)(i), Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath; that I am report as required by Chapter 607, Florida Statutes; and that my name appears ned with this filing does not quality for mental annual report is true and according the receiver or trystee empowered e exemption st ete and that r is true and acc 477-799