

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 14 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V32008 (7)**  
 1. Corporation Name  
**ANCHOR CARGO, INC.**



Principal Place of Business 8329 NW 66 ST. MIAMI FL 33166	Mailing Address 8329 NW 66 ST. MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 <b>1400 NW 96 Ave. #2B</b> Suite, Apt. #, etc. <b>#2B</b> City & State <b>MIAMI, FL.</b> Zip <b>33172</b> Country <b>Dade</b>		<b>2a. Mailing Address</b> 26 <b>1400 NW 96th Ave</b> Suite, Apt. #, etc. <b>Ste. #2B</b> City & State <b>MIAMI, FL.</b> Zip <b>33172</b> Country <b>Dade</b>		<b>3. Date Incorporated or Qualified</b> <b>04/28/1992</b>	<b>4. FEI Number</b> <b>65-0330867</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>9. Name and Address of Current Registered Agent</b> REYNA, PATRICIA 8329 NW 66 ST. MIAMI FL 33166 <i>change of Address</i>		<b>10. Name and Address of New Registered Agent</b> 81 Name <b>LONDONO, PATRICIA REYNA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1400 NW 96 Ave. #2B</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33172</b>	
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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 *Londono, Patricia Reyna* 4-27-98  
 Signature, printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <b>STD BRADLEY, CARL V</b> STREET ADDRESS <b>8329 NW 66TH ST</b> CITY-ST-ZIP <b>MIAMI FL</b> <i>change of Address only</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE 1.2 NAME <b>STD BRADLEY, CARL V</b> 1.3 STREET ADDRESS <b>1400 NW 96 Ave. #2B</b> 1.4 CITY-ST-ZIP <b>MIAMI, FL. 33172</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME <b>SD LONDONO, PATRICIA R</b> STREET ADDRESS <b>2801 NW 74TH AVE #215</b> CITY-ST-ZIP <b>MIAMI FL</b> <i>change of Address only</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME <b>LONDONO, PATRICIA REYNA</b> 2.3 STREET ADDRESS <b>1400 NW 96 Ave. #2B</b> 2.4 CITY-ST-ZIP <b>MIAMI, FL. 33172</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Londono, Patricia R.* 4-27-98 (305) 477-9220

CP2E034 (10/97)