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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90166 028 ***150.00

ANCHOR	CARGO, INC.								
Principal Place	e of Business	Mailing Address				I IGOI BITAGO IISTO ITUS SETTI SO		B B B B B B B	19 1 0 0 1 1 0
1400 NW 96 AVE 1400 NW 96TH AVE									
28 STE 2B							r= 151 2711	0.00405	
MIAMI FL 33:72 MIAMI FL 33172 US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						04/28/1992			p ied For
Principal Place of Business 2a. Mailing Address						4. FEI Number		⊢	t Applicable
21		26				65-0330867		\$8.75	
Suite, Apt. #, etc. Suite, Apt. #,						5. Certificate of Status Desired		Fee Re	
22 27									
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	- 1
23			Zio Country				ant year l		
Zip	Coun ry	Zip	_	iu y		 This corporation owes the curr Personal Property Tax. 	entyear i	Trangible ☐ Yes	[]No
24	25	29 3	U I			10. Name and Address of New F	Registere		
	9. Name and Address of Curre	nt Registered Agent		81 Na		10. Hanne State Canada at Hole .	<u></u>		
LONDONO, PATRICIA R									
1400 NW 96TH AVE				82 Sti	eet Adi	iress (P.O. Box Number is Not Accepta	able)		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-	83					
2B				6 3					
MIAMI FL 33172			f	84 Cit			F	85 Zip (Code
						poration submits this statement for the		L changing its	rugistared
agent. ha	1				/- ->2	poration submits this statement of the ion's board of directors. I hereby accel	DATE		
12.	OFFICERS A	ANE DIRECTORS	13.			ADDITIC NS/CHANGES TO OF	FICERS /		
TITLE	STD	☐ DELETE	1.1 TIT	LE				Change	☐ Addition
NAME	BRADLEY, CARL V	CARL V		ME					ĺ
STREET ADDRESS	s 1400 NW 96TH AVE 2B 1.3		1.3 ST	REET ADD	RESS				
CITY-ST-ZIP	MIAMI FL 33172		1.4 CIT	1.4 CITY-ST-ZIP					Addition
TITLE	SD	☐ DELETE	2.1 TIT	LΕ				Change	☐ Addition
NAME	LONDONO, PATRICIA R		2.2 NA	ME					Į.
STREET ADDRESS			2.3 ST	REET ADD	RESS]
CITY-ST-ZIP			2. 4 CI	TY-ST-ZIP			- <u>-</u>		
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NAME			3.2 NA	ME					
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}	[ry-St-ZIP					
CITY-ST-ZIP				1 TITLE				☐ Change	Addition
i	•		6.2 NA	ME					
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STREET ADDRESS	1		3.001						

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 attack here with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR