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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V33757

(8)

VENDOME CARGO SERVICES INC.

| Principa! Plac                 | e of Business   | Mailing Address  |   |                            |  |                      |                            |                                   |  |
|--------------------------------|---|--|---|----------------------------|--|----------------------|----------------------------|-----------------------------------|--|
| 8032 NW 68TH                   | ı st.   | 8032 NW 68TH ST.   | ·   |                            |  |                      |                            |                                   |  |
| moral 15 core                  | ~   | minmi i E oviovajoj  |   |                            | 3. Date Incorporated or Qualified 05/05/1992   |                      | ite of Last R<br>20/1996   | teport                            |  |
| 2. Principal P                 | lace of Business  | 2s. Mailing Address  | ······································              |                            | 4. FEI Number  | ) VE)!               |                            | optied For                        |  |
| 21                             |   | 26   |   |                            | 65-0348769   |                      | <del></del>                | ot Applicable                     |  |
| Suite, Apt #, etc 27           |   |  | ]   |                            | 5. Certificate of Status Desired   |                      | <b>,</b>                   | \$8.75 Additional<br>Fee Required |  |
| City & Stat                    | e   | City & State   |   |                            | 6. Election Campaign Financing   | proving.             | \$5.00                     |                                   |  |
| <b>23</b> Zip                  | Country   | <b>28</b>  | Country   |                            | Trust Fund Contribution  | <u> </u>             | Added                      |                                   |  |
| 24                             | 25  | 29   | 30  |                            | This corporation has liability for Florida Statutes  | y interigible<br>Yes |                            | . 199.032,                        |  |
|                                | 9. Name and Address of Curre  |  | 1301  | <del></del>                | 10. Name and Address of New F  |                      |                            |                                   |  |
| CEE                            | BALLOS, JOSE L  |  | 81  | Name                       |  |                      |                            | ···                               |  |
|                                | 5 S.W. 162ND ST.  |  | 82  | Street Add                 | Iress (P.O. Box Number is Not Accept   | able)                |                            |                                   |  |
| MIA                            | MI FL 33154   |  |   |                            |  |                      |                            |                                   |  |
|                                |   |  | 83  |                            |  |                      |                            |                                   |  |
|                                |   |  | 84  | City                       |  | FL                   | <b>85</b> Zip (            | Code                              |  |
| agent La                       | to the provisions of Sections 607.05<br>egistered agent, or both, in the Stat<br>or familiar with, and accept the obliq | 02 and 607.1508, Florida Statt<br>e of Florida. Such change was<br>gations of, Section 607.0505, F | utes, the above<br>authorized by<br>lorida Statutes | e-named cor<br>the corpora | poration submits this statement for the<br>ation's board of directors. I hereby acc  |                      | changing it<br>ointment as | s registered<br>registered        |  |
| SIGNATURE                      | Signal ire, typed or printed name of registered as  | jem and title if applicable (NC  | OTE Registered Age                                  | nt signature regu          | ired when reinstating)   | DATE                 | <del></del>                | ************                      |  |
| 12.                            |   | ND DIRECTORS   | 13.   |                            | ADDITIONS/CHANGES TO OFF   |                      | DIRECTOR                   | RS IN 12                          |  |
| TITLE                          | PS  | ☐ DELETE   | 1.1 TITLE   |                            |  |                      | Change                     | Addition                          |  |
| NAM:                           | CEBALLOS, JOSE'   |  | 1.2 NAME  |                            |  |                      |                            |                                   |  |
| STREET ADDRESS                 | 8555 SW 162 ST.   |  | 1.3 STREET  | ADDRESS                    |  |                      |                            |                                   |  |
| C-TY - ST - ZIP                | MIAMI FL 33157  | Politic  | 1.4 CITY-\$   | T-ZIP                      |  |                      |                            |                                   |  |
| TITLE                          | CERALLOS MELDA  | L DELETE   | 21 TITLE  | · .                        | ,  |                      | Change                     | Addition Addition                 |  |
| NAME<br>CIRCLI ADORGO          | CEBALLOS, MELBA<br>8555 SW 162 ST.  |  | 2.2 NAME  |                            |  |                      |                            |                                   |  |
| STREET ACCORESS<br>CITY+ST-ZIP | MIAMI FL 33157  |  | 2.3 STREET  | 1                          | $(x_i, x_i) = (x_i, x_i) + (x_$ |                      |                            |                                   |  |
| TITLE                          | MINIMI I C 00 107   | DELETE   | 2. 4 CITY - S<br>3.1 TITLE                          | 51-212                     |  |                      | Change                     | Addition                          |  |
| NAMÉ                           |   |  | 3.2 NAME  |                            |  |                      |                            | FINAL FINAL COLUMN                |  |
| STREET ADDRESS                 |   |  | 3.3 STREET  | ADDRESS                    |  |                      |                            |                                   |  |
| CITY -S1 - ZIP                 |   |  | 3.4. CITY-S   | T-21P                      |  | •                    |                            |                                   |  |
| TiteE                          |   | DELETE   | 4.1 TITLE   |                            |  |                      | Change                     | Addition                          |  |
| NAME                           |   |  | 4. 2 NAME   |                            |  |                      |                            |                                   |  |
| STREET ADDRESS                 |   |  | 4.3 STREET  | ADDRESS                    |  |                      |                            |                                   |  |
| CHTY - ST - ZIP                |   |  | 4.4 CITY - S  | T-ZIP                      |  |                      |                            |                                   |  |
| TITLE                          |   | ☐ DELETE   | 5.1 TITLE   |                            |  |                      | Change                     | Addition                          |  |
| NAME                           |   |  | 5.2 NAME  |                            | •  |                      |                            |                                   |  |
| STREET ADDRESS                 |   |  | 5.3 STREET  |                            |  |                      |                            |                                   |  |
| CHTY - ST - ZIP                |   | ☐ DELETE   | 5.4 CITY-S  | T-ZIP                      |  | <del></del>          | Change                     | Ladition                          |  |
| NAME                           |   |  | 6.1 TITLE   |                            |  |                      | Change                     | Addition                          |  |
| CTOCCI ADDDCCC                 |   |  | 6.2 NAME  | IDDATES                    |  | • •                  |                            |                                   |  |

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-S1-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 it am an officer or director of the corporation por 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.

2/10/97× (203)470-007/

**FILED** 

Feb 21 1997 8:00am

Secretary of State