

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90046 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V47933

1. Corporation Name
ONE STOP CARGO SERVICES, INC.

Principal Place of Business 4410 NW 74 AVE MIAMI FL 33166 US	Mailing Address 4410 NW 74 AVE MIAMI FL 33166 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 07/01/1992	Applied For Not Applicable
4. FEI Number 65-0343239	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BARBOSA, BENVENIDO A. BENVINDO A.
 21000 NE 24TH CT
 MIAMI FL 33180

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **March 12-99**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	BARBOSA, BENVINDO A	
STREET ADDRESS	21000 NE 24 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	
NAME	BARBOSA, ANDREIA	
STREET ADDRESS	21000 NE 24 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	
NAME	BARBOSA, ALEXANDER	
STREET ADDRESS	21000 NE 24 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	
NAME	BARBOSA, DINORA	
STREET ADDRESS	21000 NE 24 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1	TITLE		
1.2	NAME		
1.3	STREET ADDRESS		
1.4	CITY-ST-ZIP		
2.1	TITLE		
2.2	NAME		
2.3	STREET ADDRESS		
2.4	CITY-ST-ZIP		
3.1	TITLE		
3.2	NAME		
3.3	STREET ADDRESS		
3.4	CITY-ST-ZIP		
4.1	TITLE		
4.2	NAME		
4.3	STREET ADDRESS		
4.4	CITY-ST-ZIP		
5.1	TITLE		
5.2	NAME		
5.3	STREET ADDRESS		
5.4	CITY-ST-ZIP		
6.1	TITLE		
6.2	NAME		
6.3	STREET ADDRESS		
6.4	CITY-ST-ZIP		

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 any attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **March 12-99** DAYTIME PHONE #: **(305) 599-2605**

CR2E034 (1/198)