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

NAME

STREET ADDRESS

14. I hereby certify that the informat indicated on this annual report officer or director of the corporablock 12 or Block 11 if change.

SIGNATURE:

on supplied with this filing of or supplemental annual repor-tion or the receiver or truster I, or on an attachment with in

CITY - ST - ZIP

**FILED PROFIT** May 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V69823 (5)TRIPLE F. CARGO, INC. Principal Place of Business Mailing Address 4464 NW 74 AVE 4464 NW 74 AVF MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/09/1992 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0355272 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Ζιρ Country 8. This corporation owes or has paid the current year Intangible □ No 24 Yes 30 Personal Property Tax due June 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FONSECA, ISAAC 730 N.E. 90 ST. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33138 84 Zip Code of changing its registered 1508, Florida Statutes, the above-named corporation submits this statement for the purpo Such change was authorized by the corporation's board of directors. I hereby accept to botton 607,0505, Florida Statutes. SAAC SIGNATUR 12. AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 TITLE FONSECA, ISAAC F. 1.2 NAME NAME 730 N.E. 90 ST. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33138 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE FONSECA, PATRICIA A. NAME 22 NAME 730 N.E. 90 ST. 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33138** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 41 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CFTY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

WW. ISDOC F. FONSED

the exemption stated in Section 119.07(3)(i), Florida Statutes I further certify that the information to the and that my signature shall have the same legal effect as if made under oath; that I am an adoute this report as required by Chapter 607, Florida Statutes; and that my name appears in