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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V71166

(5)

ALL CARGO SERVICES, INC.

FILED May 11 1998 8:00am Secretary of State

	and octivided, into				
Principal Plac	e of Business	Mailing Address)
9830 SW 74TH ST 9830 SW 74TH ST					
MIAMI FL 33173 MIAMI FL 33173				.	
				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
6 Del-1-10	Nega al D. rainnes	On Martin of Adapta		10/15/1992	
	Place of Business DUW 25 STree	2a. Mailing Address	1 75 01	4. FEI Number	Applied For
Suite, Apt.		26 9600 N.U. Suite, Apt. #, etc.	J. 25 >	65-0373165	Not Applicable
22 3E	#, 6 (0.	27 3E		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	6	City & State		6. Election Campaign Financing	
23 MIA		28 MIAMI FI		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8- This corporation owes or has paid the	
24 331	72 ₂₅	29 33172 30	0	Personal Property Tax due June 30.	Yes No
<u> </u>	9. Name and Address of Curre			10. Name and Address of New Regist	
BU	ICKNER, ROBIN S.		81 Name		
	BUCKNER & SHIFRIN, P.A.		82 Street	Address (P.O. Box Number is Not Acceptable)	
9100 S. DADELAND BLVD., SUITE 406			02 Stieet	Address (P.O. Box Number is Not Acceptable)	
	AMI FL 33156		83		

			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the purp poration's board of directors. I hereby accept the	
office or r	egistered agent, or both, in the State om familiar with, and accept the oblig	e of Florida. Such change was authorised. Section 607,0505. Florida	horized by the corp	poration's board of directors. I hereby accept the	e appointment as registered
•	and the state of the control of the control	gallons of, booken correct, realic	a ciaidios.		
SIGNATURE	Signature, typed or printed name of registered as	jord and tille if applicable. (NOTE: R	egistered Agent signature	e required when reinstating)	ATE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE	P	₩ DELETE	1.1 TITLE		Change Addition
NAME	PEETERS, ANTOON	·	1.2 NAME		
STREET ADDRESS	9830 SW 74TH ST	İ	1.3 STREET ADDRESS	·	
CFTY-ST-ZIP	MIAMI FL		14 CITY - ST - ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	President	Change Addition
NAME	NUNEZ, LINDA		22 NAME		
STREET ADDRESS	139830 SW 74TH ST		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - S1 - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME	İ		3.2 NAME	1	ļ
STREET ADDRESS			3.3 STREET ADDRESS		Į
CITY-ST-ZIP			3.4. C1TY - ST - Z1P		
TITLE		☐ DELETE	41 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$1-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		İ
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	ertify that the information supplied v	with this filmo does not qualify for ti	he exemption state	ed in Section 119.07(3)(i). Florida Statutes, Light	per certify that the information

• I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the informatio 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 corposition 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 changod, or on an attachment with an address.

SIGNATURE:

12c 178 305-590-4440