

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

FILED  
Oct 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. McArthur  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000005784 (9)  
1. Corporation Name  
NAVICARGO, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	8325 NW 53rd ST	26	8325 NW 53rd ST	01/18/96			
State, Apt. #, etc		State, Apt. #, etc.		4. FEI Number		Applied For	
102		102		65-0652367		Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
MIAMI, FL.		MIAMI, FL.		<input type="checkbox"/>			
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
33166		33166		<input type="checkbox"/>			
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
USA		USA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

Lopez-Castro, Amadeo III  
901 Ponce de Leon Blvd  
Suite 304  
Coral Gables, FL. 33134

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	YANEZ, ORLANDO	
STREET ADDRESS	8325 NW 53rd ST STE 102	
CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	900002660539
13 STREET ADDRESS	-10/09/98--01054--049
14 CITY-ST-ZIP	***400.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	900002660539
23 STREET ADDRESS	-10/09/98--01054--050
24 CITY-ST-ZIP	***150.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-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. 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. I am an appointment with an address.

SIGNATURE: \_\_\_\_\_

Aug 1/98