

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L29101** (7)
1. Corporation Name
CARIBE RENTALS CORP.



Principal Place of Business: **14260 SW 119 AVE MIAMI FL 33186-6110 US**
Mailing Address: **14260 SW 119 AE MIAMI FL 33186 US**

3. Date Incorporated or Qualified: **11/13/1989**
3a. Date of Last Report: **02/09/1995**
4. FEI Number: **59-2987250**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**MARTINEZ, EMILIO F.
725 VILLABELLA AVE
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.1509, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1-29-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: ST	NAME: MARTINEZ, EMILIO F.	1.1 TITLE	1.2 NAME
STREET ADDRESS: 14260 SW 119 AVE	CITY, ST, ZIP: MIAMI FL	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP
TITLE: P	NAME: MARTINEZ, CARLOS E.	2.1 TITLE	2.2 NAME
STREET ADDRESS: 14260 SW 119 AVE	CITY, ST, ZIP: MIAMI FL	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP
TITLE: VP	NAME: MARTINEZ, RAUL A.	3.1 TITLE	3.2 NAME
STREET ADDRESS: 14260 SW 119 AVE	CITY, ST, ZIP: MIAMI FL	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP
TITLE: VP	NAME: MARTINEZ, EMILIO J.	4.1 TITLE	4.2 NAME
STREET ADDRESS: 14260 SW 119 AVE	CITY, ST, ZIP: MIAMI FL	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP
TITLE: VP	NAME: MARTINEZ, MARIANA	5.1 TITLE	5.2 NAME
STREET ADDRESS: 14260 SW 119 AVE	CITY, ST, ZIP: MIAMI FL	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP
TITLE: VP	NAME: MARTINEZ, EMILIO J.	6.1 TITLE	6.2 NAME
STREET ADDRESS: 14260 SW 119 AVE	CITY, ST, ZIP: MIAMI FL	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP

Change: Addition:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 (if Block 13 is changed), or on an amendment with an address.

SIGNATURE: *[Signature]* DATE: **1-29-96** (305) 233-6776

CR2E034 (12/95)