

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

FILED  
Feb 06 1997 8:00am  
Secretary of State



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

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**

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 33186-6023 US**

3. Date Incorporated or Qualified: **11/13/1989**  
3a. Date of Last Report: **02/13/1996**  
4. FEI Number: **59-2987250**  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**MARTINEZ, EMILIO F.  
725 VILABELLA AVE  
CORAL GABLES FL 33148**

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: **FL**

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]*  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                            |                                 |
|----------------------------|----------------------------|---------------------------------|
| TITLE                      | <b>ST</b>                  | <input type="checkbox"/> DELETE |
| NAME                       | <b>MARTINEZ, EMILIO F.</b> |                                 |
| STREET ADDRESS             | <b>14260 SW 119 AVE</b>    |                                 |
| CITY - ST - ZIP            | <b>MIAMI FL</b>            |                                 |
| TITLE                      | <b>P</b>                   | <input type="checkbox"/> DELETE |
| NAME                       | <b>MARTINEZ, CARLOS E.</b> |                                 |
| STREET ADDRESS             | <b>14260 SW 119 AVE</b>    |                                 |
| CITY - ST - ZIP            | <b>MIAMI FL</b>            |                                 |
| TITLE                      | <b>VP</b>                  | <input type="checkbox"/> DELETE |
| NAME                       | <b>MARTINEZ, RAUL A.</b>   |                                 |
| STREET ADDRESS             | <b>14260 SW 119 AVE</b>    |                                 |
| CITY - ST - ZIP            | <b>MIAMI FL</b>            |                                 |
| TITLE                      | <b>VP</b>                  | <input type="checkbox"/> DELETE |
| NAME                       | <b>MARTINEZ, EMILIO J.</b> |                                 |
| STREET ADDRESS             | <b>14260 SW 119 AVE</b>    |                                 |
| CITY - ST - ZIP            | <b>MIAMI FL</b>            |                                 |
| TITLE                      | <b>VP</b>                  | <input type="checkbox"/> DELETE |
| NAME                       | <b>MARTINEZ, MARIANA</b>   |                                 |
| STREET ADDRESS             | <b>14260 SW 119 AVE</b>    |                                 |
| CITY - ST - ZIP            | <b>MIAMI FL</b>            |                                 |
| TITLE                      |                            | <input type="checkbox"/> DELETE |
| NAME                       |                            |                                 |
| STREET ADDRESS             |                            |                                 |
| CITY - ST - ZIP            |                            |                                 |

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

SIGNATURE: *[Signature]* **1-22-97** **305/233-6776**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)