

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 JUL 20 AM 10:13

JACKSONVILLE, FLORIDA

**DOCUMENT # L48839 (9)**

1. Corporation Name

**CARIBE MACHINE TECHNICIANS INTERNATIONAL, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business C/O JERRY L. EDWARDS 5341 HECKSCHER DR. JACKSONVILLE FL 32226-3101	Mailing Address C/O JERRY L. EDWARDS 5341 HECKSCHER DR. JACKSONVILLE FL 32226-3101
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3. Data Incorporated or Qualified <b>02/05/1990</b>	3a. Date of Last Report <b>07/18/1994</b>
4. FEI Number <b>59-3004078</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**PAHL, SHIRLEY J.  
5341 HECKSCHER DR.  
JACKSONVILLE FL 32226**

10. Name and Address of New Registered Agent

<b>B1</b> Name
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>
<b>B4</b> City
<b>B5</b> 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 Jerry L. Edwards D/P 7-12-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS (If "X")	
TITLE <b>DP</b>	NAME <b>EDWARDS, JERRY L.</b>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>5341 HECKSCHER DR.</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	12 NAME	
		13 STREET ADDRESS	
		14 CITY-ST-ZIP	
TITLE <b>S</b>	NAME <b>PAHL, SHIRLEY J.</b>	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>5341 HECKSCHER DR.</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	22 NAME	
		23 STREET ADDRESS	
		24 CITY-ST-ZIP	
TITLE <b>VP</b>	NAME <b>EDWARDS, CLELLA</b>	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>5341 HECKSCHER DR.</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	32 NAME	
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
TITLE	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		42 NAME	
CITY-ST-ZIP		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
TITLE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		52 NAME	
CITY-ST-ZIP		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
TITLE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		62 NAME	
CITY-ST-ZIP		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

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)(b), 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 attachment with an address.

SIGNATURE: Jerry L. Edwards D/P 7-12-95  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JERRY L. EDWARDS** D/P 7-12-95

CR2E034 (3/95)