

**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 02/05/1990	3a. Date of Last Report 07/18/1994
4. FEI Number 59-3004078	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS (If "X")	
TITLE DP	EDWARDS, JERRY L. 5341 HECKSCHER DR. JACKSONVILLE FL	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	PAHL, SHIRLEY J. 5341 HECKSCHER DR. JACKSONVILLE FL	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	EDWARDS, CLELLA 5341 HECKSCHER DR. JACKSONVILLE FL	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(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)