

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P29278 (9)**
1. Corporation Name
CARIBBEAN INVESTMENT AND FINANCE CORPORATION



Principal Place of Business Mailing Address
5808 BLUE LAGOON DR. MIAMI FL 33149 **5808 BLUE LAGOON DR. MIAMI FL 33149**

3. Date Incorporated or Qualified **05/10/1990** 3a. Date of Last Report **05/01/1995**
4. FEI Number **52-1688420** 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 2a. Mailing Address
21 **1150 N.W. 72 AVE** 26 **1150 NW SAME PLAZA**
22 **512** Suite, Apt. #, etc. 27 **512**
23 **Miami, FL** City & State 28 **Miami FL**
24 **33126** Zip 25 **Dade** Country 29 **33126** Zip 30 **FL** Country

9. Name and Address of Current Registered Agent
**CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BUILDING
100 CHOPIN PLAZA
MIAMI FL 33131**

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 607.1508, 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 reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PABLO, ALFREDO	
STREET ADDRESS	5808 BLUE LAGOON DR.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEL MONTE, LEONARDO	
STREET ADDRESS	LAS VILLAS 3, ARROYOHONDO	
CITY - ST - ZIP	SANTO DOMINGO, D.R.	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MEJA, JOSE D., JR.	
STREET ADDRESS	GUSTAVO MEJIA RICART, #76	
CITY - ST - ZIP	SANTO DOMINGO, D.R.	
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

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 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Candida Seller Date: 4/25/96 305-716-0314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)