

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 29 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # P97000002202 (4)
 1. Corporation Name
CARIBE PLAZA, INC.



Principal Place of Business Mailing Address
~~5890 SOUTHWEST 76TH AVENUE~~
~~DAVIE FL 33026~~
1395 NW 22ND ST
MIAMI FL
~~5890 SOUTHWEST 76TH AVENUE~~
~~DAVIE FL 33026~~
6015 GARFIELD ST
HOLLYWOOD FL
33328

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
01/08/1997
 4. FEI Number Applied For
105-0736699 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GONZALEZ, IRVING J
~~980 SUNTRUST INTERNATIONAL CENTER~~
~~1 SOUTHWEST 9RD AVENUE~~
~~MIAMI FL 33181~~
6015 GARFIELD ST
HOLLYWOOD FL 33024

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 _____

12. OFFICERS AND DIRECTORS
 TITLE DELETE
 NAME **PR VILARINO ANTONIO** President
 STREET ADDRESS **5870 SW 76 AVE**
 CITY-ST-ZIP
 TITLE DELETE
 NAME **VILARINO NILDAR** Vice President
 STREET ADDRESS **5870 SW 76 AVE**
 CITY-ST-ZIP **DAVIE FL 33328**
 TITLE DELETE
 NAME **VILARINO CARMON** Secretary
 STREET ADDRESS **5890 SW 76 AVE** **DAVIE FL 33328**
 CITY-ST-ZIP
 TITLE DELETE
 NAME **TREASURER VILARINO, VILMA V.**
 STREET ADDRESS **5870 SW 76 AVE** **DAVIE FL 33328**
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

600002578606
-07/01/98--01002--021
*****150.00**

14. I 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 attachment with an address.

SIGNATURE _____ **4-28-98 9814777**

CR2E034 (10/97)