

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

FILED
Mar 03 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 # P95000070103 (3)

1. Corporation Name
CARIBBEAN FIBRES, INC.

Principal Place of Business
1544 NORTHWEST 183RD AVENUE
PEMBROKE PINES FL 33029

Mailing Address
1544 NORTHWEST 183RD AVENUE
PEMBROKE PINES FL 33029



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------|---------------------|---------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | 3775 NW 77 St | 26 | 3775 NW 77 St | 09/12/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0606900 | |
| City & State | | City & State | | Applied For | |
| 23 Miami, FL | | 28 Miami, FL | | Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired | |
| 24 33147 | | 29 33147 | | X \$8.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing | |
| 25 | | 30 | | Trust Fund Contribution | |
| | | | | 7. This corporation owes or has paid the current year Intangible | |
| | | | | Personal Property Tax due June 30. | |
| | | | | X Yes [] No | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BARRETO, JORGE L. 1544 NW 183 AVENUE PEMBROKE PINES FL 33029 | | | | 81 Name JACQUELINE FLORES | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 3775 NW 77 St | | | |
| | | | | 83 | | | |
| | | | | 84 City Miami | | | |
| | | | | FL | | | |
| | | | | 85 Zip Code 33147 | | | |

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 *Jacqueline Flores - Secretary* DATE 2/9/98

| | | | | | | | |
|----------------------------|------|----------------|--------------------|---|--------------------|-----------------|-------------------|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | DE V | NAME | BARRETO, JORGE L. | 1.1 TITLE | Vice President | 1.2 NAME | |
| STREET ADDRESS | | STREET ADDRESS | 1544 NW 183 AVENUE | 1.3 STREET ADDRESS | | 1.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | | CITY-ST-ZIP | PEMBROKE PINES FL | 2.1 TITLE | President | 2.2 NAME | Eduardo Flores |
| | | | | 2.3 STREET ADDRESS | 7300 SW 148 Street | 2.4 CITY-ST-ZIP | Miami, FL 33158 |
| | | | | 3.1 TITLE | Secretary | 3.2 NAME | Jacqueline Flores |
| | | | | 3.3 STREET ADDRESS | 7300 SW 148 Street | 3.4 CITY-ST-ZIP | Miami, FL 33158 |
| | | | | 4.1 TITLE | | 4.2 NAME | |
| | | | | 4.3 STREET ADDRESS | | 4.4 CITY-ST-ZIP | |
| | | | | 5.1 TITLE | | 5.2 NAME | |
| | | | | 5.3 STREET ADDRESS | | 5.4 CITY-ST-ZIP | |
| | | | | 6.1 TITLE | | 6.2 NAME | |
| | | | | 6.3 STREET ADDRESS | | 6.4 CITY-ST-ZIP | |

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: *[Signature]* DATE: 2/9/98 (305) 693-6001

CP2E034 (10/97)