

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 # 372089 (3)

1. Corporation Name

ATLANTIC CARIBBEAN INVESTMENT COMPANY, INC.



Principal Place of Business

2100 N W 189 TERRACE
MIAMI FL 33056

Mailing Address

2100 N W 189 TERRACE
MIAMI FL 33056

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

STVAN, JOSEPHINE
2100 N.W. 189TH TERRACE
MIAMI FL 33055

3. Date Incorporated or Qualified

11/02/1970

3a. Date of Last Report

04/14/1995

4. FEI Number

59-1304104

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

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

Signature typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
STVAN, JOSEPHINE
STREET ADDRESS
2100 N.W. 189TH TERRACE
CITY-ST-ZIP
MIAMI FL

1.2 TITLE ☐ DELETE

NAME
STVAN, ROBERT E.
STREET ADDRESS
2100 N.W. 189TH TERRACE
CITY-ST-ZIP
MIAMI FL

1.3 TITLE ☐ DELETE

NAME
STVAN, ROBERT E.
STREET ADDRESS
2100 N.W. 189TH TERRACE
CITY-ST-ZIP
MIAMI FL

1.4 TITLE ☐ DELETE

NAME
STVAN, ROBERT E.
STREET ADDRESS
2100 N.W. 189TH TERRACE
CITY-ST-ZIP
MIAMI FL

1.5 TITLE ☐ DELETE

NAME
STVAN, ROBERT E.
STREET ADDRESS
2100 N.W. 189TH TERRACE
CITY-ST-ZIP
MIAMI FL

1.6 TITLE ☐ DELETE

NAME
STVAN, ROBERT E.
STREET ADDRESS
2100 N.W. 189TH TERRACE
CITY-ST-ZIP
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. STVAN 4/9/96 (305) 621-3162

11/12/95