FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 419136 (7)

1. Corporate Name

CARIBBEAN THEATRES, INC.

Principal Place of Business	Mailing Address
315 COREY AVE P.O. BOX 6038 ST PETERBURG BCH FL 33706	315 COREY AVE P.O. BOX 6038 ST PETERBURG BCH FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1973	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1448555	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	26
22 Suite, Apt. # etc.	27 Suite, Apt. # etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERNANDO CADENA 501 78TH AVE ST PETE BCH FL 33706	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 *X Carmen Cruz · Fernando Cadena* *4-29-95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ Change ☐ Addition
NAME	CRUZ, CARMEN	
STREET ADDRESS	315 COREY AVE.	
CITY-ST-ZIP	ST. PETERS BCH. FL	
TITLE	VP	☐ Change ☐ Addition
NAME	BETANCOURT, ANGELES	
STREET ADDRESS	501 78TH AVE	
CITY-ST-ZIP	ST PETE BCH FL	
TITLE	ST	☐ Change ☐ Addition
NAME	FERNANDO, CADENA	
STREET ADDRESS	501 78TH AVE	
CITY-ST-ZIP	ST PETE BCH FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: *Carmen Cruz* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *4-29-95* *216697*

0307381 CP