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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 448522

(3)

TRANS CARIBE INVESTMENT CORPORATION

FILED Jan 21 1998 8:00am Secretary of State

Mailing Address Principal Place of Business 2981 SW 3RD ST. 2981 SW 3RD ST. MIAMI FL 33135 MIAMI FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/06/1974 2. Principal Place of Business 2s. Mailing Address 4. FEI Numbe Applied For 59-1612989 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. ☐ No 24 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SUEIRO, MARIA M. 2981 SW 3 ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** 83 84 City Zip Code 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE SUEIRO, MARIA M 1.2 NAME CR2E034 NAME 2981 SW 3 ST STREET ADDRESS 1.3 STREET ADDRESS MAIMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE SUEIRO, LUCY 2.2 NAME NAME 2981 SW 3 ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CiTY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THILE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 THILE 6.2 NAME NAME 6.3 STREET ADDRESS 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 eath; 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.

Section Maria M. Sueica 1-12-98