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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Country

HERNANDEZ, MARIO E

9. Name and Address of Current Registered Agent

(0)

GLOBAL CARIBE, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

24

Zip

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

|--|

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

(305) 769-1788

Not Applicable

FILED

Jan 15 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 13170 NW 43 AVENUE 13170 NW 43 AVENUE OPA-LOCKA FL 33054 OPA-LOCKA FL 33054

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27

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DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

05/15/1975

59-1646102

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

2340 BAYVIEW LANE NORTH MIAMI FL 33181			82	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84	,	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 title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE						
					e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD OFFICERS AND DIRECTORS	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	HERNANDEZ, MARIO E		1.2 NAME			
STREET ADDRESS	2340 BAYVIEW LANE		1.3 STREET	ADDDECC		
CITY-ST-ZIP	NORTH MIAMI FL 33181		1.4 CITY-S			
TUTLE	VSD	DELETE	2.1 TITLE	1-715	Change Addition	
NAME	HERNANDEZ, ADA B	_	22 NAME		_ , _ ,	
STREET ADDRESS	2340 BAYVIEW LANE		2.3 STREET	ADDRESS		
CITY - ST- ZIP	NORTH MIAMI FL 33181		2. 4 CITY-	ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition	
NAME	HERNANDEZ, SAL JR.		3.2 NAME			
STREET ADDRESS	17539 NW 66TH CT		3.3 STREET	ADDRES\$		
CITY-ST-ZIP	MIAMI FL 33015		3.4. CITY-5	ST~ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY - ST - ZIP			4.4 CITY - S	T-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY - ST - ZIP			5.4 CITY - S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP	and the that the information annulised with the first	an met euglië, fan d	6.4 CITY - S		and in Continue 440 07/20/3 Claride Statutes I (surface and its blood in the	
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 emphwered 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 affact mental with an address.						

IJIRED

Country

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