

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 512468 (0)

1. Corporation Name

CARIB SALES, INC.



Principal Place of Business

13185 N.W. 47TH AVE.
OPA LOCKA FL 33054

Mailing Address

13185 N.W. 47TH AVE
OPA LOCKA FL 33054

3. Date Incorporated or Qualified
09/16/1976

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1702227

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRIGER, MOISES

13305 BISCAYNE BAY TERR.

MIAMI FL 33181

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 the corporation

(Note: Registered Agent Signature required when new Statute)

1/22/96

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME
KRIGER, MOISES
STREET ADDRESS
13305 BISCAYNE BAY TER.
CITY-STATE-ZIP
NORTH MIAMI FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
33181

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
KRIGER, FRANK J
STREET ADDRESS
1440 NW 126TH AVE
CITY-STATE-ZIP
SUNRISE FL 33323

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME
KRIGER, LIDIA
STREET ADDRESS
13305 BISCAYNE BAY TERR.
CITY-STATE-ZIP
NORTH MIAMI FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
33181

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME
KRIGER, NELSON E
STREET ADDRESS
13305 BISCAYNE BAY TERR
CITY-STATE-ZIP
NORTH MIAMI FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
33181

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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

FRANK J. KRIGER

1/22/96

(305)688-5731

Date

Daytime Phone #

CR2E034 (12/95)