

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 512468

(0)

1. Corporation Name
CARIB SALES, INC.



Principal Place of Business

Mailing Address

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

13185 N.W. 47TH AVE.
OPA LOCKA FL 33054-4309

3. Date Incorporated or Qualified

09/16/1976

3a. Date of Last Report

03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt #, etc

26 Suite Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-1702227

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRIGER, MOISES
13305 BISCAYNE BAY TERR.
N MIAMI FL 33181

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2000 Island Blvd #2501-2502

83

84 City North Miami Beach

FL

85 Zip Code 33160

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KRIGER, MOISES
STREET ADDRESS 13305 BISCAYNE BAY TERR.
CITY-ST-ZIP NORTH MIAMI FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition
2000 Island Blvd #2501-2502
North Miami Beach, FL 33160

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

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition
19474 39th Avenue
North Miami Beach, FL 33160

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

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition
2000 Island Blvd #2501-
North Miami Beach, FL 33160

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

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition
2000 Island Blvd #2501-2502
North Miami Beach, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

FRANK J. KRIGER

1/22/97

(305) 688-5201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)