

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 597564 (4)

1. Corporation Name
CARIB-X, INC.

Principal Place of Business
**7364 SW 45 ST
MIAMI FL 33155**

Mailing Address
**7364 SW 45 ST
MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/15/1978

3a. Date of Last Report
07/22/1994

4. FEI Number
59-1881513

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREITAS
DE FREITAS, ROBERT
13000 SOUTHWEST 92 AVENUE SUITE 405B
MIAMI FL 33186**

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
DEFREITAS, ROBERT
13000 SOUTHWEST 92 AVENUE, SUITE 405B
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
DEFREITAS, SUSAN
11724 SOUTHWEST 123 AVENUE
MIAMI FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
DEFREITAS, LISA
13000 SOUTHWEST 92 AVENUE, SUITE 405B
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
ANTONI, BA
13020 SOUTHWEST 92 AVENUE, SUITE A202
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

**DEFREITAS ROBERT
14904 SW 142 PLACE
Miami, FL 33186**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

DEFREITAS SUSAN

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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, attach an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert de Freitas

4/24/95 (305) 264-0381