


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90005 036 \*\*\*158.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 617680</b> ✓					
<b>1. Corporation Name</b> <b>CARIB MANAGEMENT, INC.</b>					
<b>Principal Place of Business</b> 8405 NW 53RD STE B 115 MIAMI FL 33166			<b>Mailing Address</b> 8405 NW 53RD STE B 115 MIAMI FL 33166		



DO NOT WRITE IN THIS SPACE

<b>3. Date Incorporated or Qualified</b> <b>04/17/1979</b>							
<b>2. Principal Place of Business</b> <b>21</b>		<b>2a. Mailing Address</b> <b>26</b>		<b>4. FEI Number</b> <b>59-1900776</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>Suite, Apt. #, etc.</b> <b>22</b>		<b>Suite, Apt. #, etc.</b> <b>27</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>City &amp; State</b> <b>23</b>		<b>City &amp; State</b> <b>28</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Zip</b> <b>24</b>		<b>Country</b> <b>25</b>		<b>Zip</b> <b>29</b>		<b>Country</b> <b>30</b>	
<b>8. This corporation owes the current year Intangible Personal Property.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No							

<b>9. Name and Address of Current Registered Agent</b> <b>ASCHENBRENNER, RICHARD W</b> <b>9130 S. DADELAND BOULEVARD</b> <b>SUITE 1209</b> <b>MIAMI FL 33156</b>				<b>10. Name and Address of New Registered Agent</b>			
<b>81 Name</b>				<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>			
<b>83</b>				<b>84 City</b>			
<b>85 Zip Code</b>				<b>FL</b>			

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

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
<b>TITLE</b> <b>P</b>				<b>1.1 TITLE</b>			
<b>NAME</b> <b>COGEN, NANCY A</b>				<b>1.2 NAME</b>			
<b>STREET ADDRESS</b> <b>8405 NW 53RD ST</b>				<b>1.3 STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b> <b>MIAMI, FL 00000</b>				<b>1.4 CITY-ST-ZIP</b>			
<b>TITLE</b> <b>ST</b>				<b>2.1 TITLE</b>			
<b>NAME</b> <b>CONDE, PREMIVTO</b>				<b>2.2 NAME</b>			
<b>STREET ADDRESS</b> <b>8405 NW 53RD ST</b>				<b>2.3 STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b> <b>MIAMI, FL 00000</b>				<b>2.4 CITY-ST-ZIP</b>			
<b>TITLE</b> <b>DELETED</b>				<b>3.1 TITLE</b>			
<b>NAME</b> <b>DELETED</b>				<b>3.2 NAME</b>			
<b>STREET ADDRESS</b> <b>DELETED</b>				<b>3.3 STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b> <b>DELETED</b>				<b>3.4 CITY-ST-ZIP</b>			
<b>TITLE</b> <b>DELETED</b>				<b>4.1 TITLE</b>			
<b>NAME</b> <b>DELETED</b>				<b>4.2 NAME</b>			
<b>STREET ADDRESS</b> <b>DELETED</b>				<b>4.3 STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b> <b>DELETED</b>				<b>4.4 CITY-ST-ZIP</b>			
<b>TITLE</b> <b>DELETED</b>				<b>5.1 TITLE</b>			
<b>NAME</b> <b>DELETED</b>				<b>5.2 NAME</b>			
<b>STREET ADDRESS</b> <b>DELETED</b>				<b>5.3 STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b> <b>DELETED</b>				<b>5.4 CITY-ST-ZIP</b>			
<b>TITLE</b> <b>DELETED</b>				<b>6.1 TITLE</b>			
<b>NAME</b> <b>DELETED</b>				<b>6.2 NAME</b>			
<b>STREET ADDRESS</b> <b>DELETED</b>				<b>6.3 STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b> <b>DELETED</b>				<b>6.4 CITY-ST-ZIP</b>			

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 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

Date

Daytime Phone #

CR2E034 (5/99)