2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 07, 2002 8:00 am Secretary of State DOCUMENT # 653046 1. Entity Name 04-07-2002 90052 022 ***150 00 CARIBE INVESTMENTS OF NAPLES, INC. Principal Place of Business Mailing Address 12275 COLLIER BLVD 12275 COLLIER BLVD NAPLES FL 34116 NAPLES FL 34116 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1995918 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EFRAIN, ARCE Street Address (P.O. Box Number is Not Acceptable) 3621 13TH AVE S.W. NAPLES FL 34117 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) Delete Addition TITLE TITLE GUILLERMO FIGUEROA MAGGIO, FRANK J NAME NAME 201 MERMALOS BIGHT 250 2ND STREET STREET ADDRESS STREET ADDRESS 34103 NAPLES, FL. **BONIT SPRINGS FL 33923** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME ARCE, EFFRAIN NAME STREET ADDRESS STREET ADDRESS 3621 13TH AVE S W CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 00000 TITLE Delete TITLE Change Addition FRANCESCO ZAMBON +380 27th CT. SW #410 NAME NAME STREET ADDRESS STREET ADDRESS NAPLES, FL. 34116 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change ISALAS ARCE NAME NAME 3338 POINCIANA ST STREET ADDRESS STREET ADDRESS NAPLES, FL. 34105 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ Delete TITLE JAMES CROWSOM NAME NAME 143 PALMETTO DUNES CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL. 34113 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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