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Jun 11 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 # 679261 (8)

1. Corporation Name
CARIBBEAN EMPLOYMENT AGENCY, INC.

Principal Place of Business
5245 N.W. 36TH STREET
#209
MIAMI SPRINGS FL 33166
US

Mailing Address
% LUIS FELIPE GUERRA
5245 NW 36 ST
MIAMI FL 33166-5958



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
07/22/1980

3a. Date of Last Report
04/22/1996

4. FEI Number

59-2015273

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

GUERRA, LUIS FELIPE
5245 N.W. 36 ST.
SUITE 209
MIAMI FL 33166

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LABOY, LESLIE P
STREET ADDRESS 6462 SW 8TH STREET
CITY-ST-ZIP MIAMI, FL 33128 / 33144

TITLE T
NAME GUERRA, LUIS F
STREET ADDRESS 545 N. W. 43 COURT
CITY-ST-ZIP MIAMI, FL 33128

TITLE S
NAME GUERRA, MAYRA L
STREET ADDRESS 545 N. W. 43 COURT
CITY-ST-ZIP MIAMI FL

TITLE VP
NAME GUERRA, GENOVEVA
STREET ADDRESS 545 NW 43 COURT
CITY-ST-ZIP MIAMI FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE
2.2 NAME S/T
2.3 STREET ADDRESS Guerra Luis F.
2.4 CITY-ST-ZIP 545 NW 43 Ct.
Miami, Fl. 33126

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

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

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

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

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 if changed, or on an attachment with an address.

SIGNATURE: *Leslie P. LaBoy* 6/11/97

CR2E034 (9/96)