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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726238** (9)

1. Corporation Name

CARIBBEAN HOUSE CONDOMINIUM, INC

Principal Place of Business

**3665 N.E. 167TH STREET, #508
NORTH MIAMI BEACH FL 33180**

Mailing Address

**3665 N.E. 167TH STREET, #508
NORTH MIAMI BEACH FL 33160-3571**



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

29

3. Date Incorporated or Qualified

04/26/1973

3a. Date of Last Report

02/14/1996

4. FEI Number

23-7441299

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

**AMADOR, JOAQUIN
3665 N.E. 167TH STREET, #508
NORTH MIAMI BEACH FL 33180**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title 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	<input type="checkbox"/> DELETE
NAME	AMADOR, JOAQUIN	
STREET ADDRESS	3665 N.E. 167TH STREET, APT. #508	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUES, HUGO	
STREET ADDRESS	3665 N.E. 167TH STREET, APT. 304	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	KURING, IRIS	
STREET ADDRESS	3151 N.E. 164TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT
2.3 STREET ADDRESS	PETER Michalik
2.4 CITY-ST-ZIP	3665 NE 167 ST #308 N. MIAMI BEACH FL 33160
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SECRETARY TREAS.
3.3 STREET ADDRESS	CLAUDIA Michalik
3.4 CITY-ST-ZIP	3665 NE 167 ST #308 N. MIAMI BEACH, FL 33160
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031493

CR2E037 (9/96)