

Requester's Name
Address
City/State/Zip **Phone #**

A95 0000001912

CSC NETWORKS

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

SECRETARY OF CORPORATIONS
 DIVISION 5
 95 DEC -5 AM 11:29

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait _____ ☐ Photocopy ☐ Certificate of Status

STATE FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

900001660359
 -12/12/95--01113--010
 ****4693.50 ***1018.50

900001660359
 -12/12/95--01113--011
 *****26.25 *****8.75

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

G. TAX _____ 6.75
 FILING _____ 931.41
 R. AGENT FEE _____ 35.00
 J. COPY _____ 52.52
 TOTAL _____ 1027.25
 V. BANK _____
 BALANCE DUE _____
 RECEIVED _____

Examiner's Initials _____

**CERTIFICATE OF LIMITED PARTNERSHIP
OF CARIBE CENTURY DEVELOPMENT, LTD.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -9 AM 11:29

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, certify as follows:

1. The name of the Partnership is CARIBE CENTURY DEVELOPMENT, LTD.
2. The purpose of the Partnership is to acquire and develop real property.
3. The principal place of business and mailing address of the Partnership is 14260 S.W. 119 Avenue, Miami, FL 33186.
4. The names and principal places of business of the General Partners are as follows:

General Partner: Caribe Group Corp.,
A Florida corporation
14260 S.W. 119 Avenue
Miami, Florida 33186 *PA5000076486*

General Partner: Pine Investment Corp.,
A Florida corporation
901 S.W. 69 Avenue
Miami, Florida 33144 *PA5000076484*

General Partner: Vitran Investment Corp.,
A Florida corporation
2480 W. 82 Avenue
Miami, Florida 33016 *PA5000076485*

5. The Managing General Partner is Caribe Group Corp.

6. The term for which the partnership is to exist is from the date the certificate of limited partnership is issued from the Secretary of State, through December 31, 2010, unless sooner terminated.

7. The amount of capital initially contributed by the Limited Partnership is \$420,000.00 of which \$287,000.00 is contributed by the General Partners and \$133,000 is contributed by the limited partners.

8. The Limited Partners are not required to contribute any additional capital to the Partnership.

9. The name and address of the Registered Agent for service of process is:

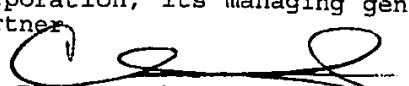
Murai, Wald, Biondo & Moreno, P.A.
25 S.E. 2nd Avenue, Suite 900
Miami, Florida 33131

IN WITNESS WHEREOF, the undersigned, being duly sworn, have certified, sworn to and agreed to the foregoing this 7th day of December, 1995.

CARIBE CENTURY DEVELOPMENT, LTD.,
a Florida limited partnership

By its general partners:

CARIBE GROUP CORP., a Florida corporation, its managing general partner

By: 
Carlos E. Martinez, President

This Instrument Prepared By:
Cristina Echarte Brochin, Esq.
Murai, Wald, Biondo & Moreno, P.A.
25 Southeast Second Avenue, #900
Miami, Florida 33131
Phone: (305)358-5900 Fla. Bar #518410

[signature page to follow]

PINE INVESTMENT CORP., a Florida corporation, general partner

By: Sergio Pino, President

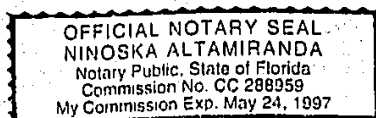
VITRAN INVESTMENT CORP., a Florida corporation, general partner

By: Ruben Bertran, President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
DEC-5 AM 11:29

STATE OF FLORIDA)
) : ss.
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 7 day of December, 1995 by CARLOS E. MARTINEZ, as President, of CARIBE GROUP CORP., on behalf of the corporation. He is personally known to me or has produced _____ as identification.

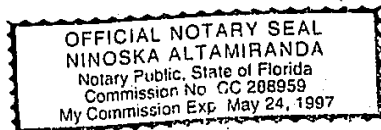


Ninoska Altamiranda
NOTARY PUBLIC, STATE OF FLORIDA
Print name: Ninoska Altamiranda
Commission No.: _____

My Commission expires:

STATE OF FLORIDA)
) : ss.
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 7 day of December, 1995 by SERGIO PINO, as President, of PINE INVESTMENT CORP., on behalf of the corporation. He is personally known to me or has produced _____ as identification.

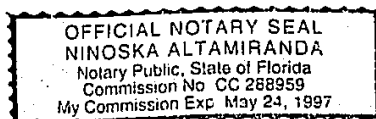


Ninoska Altamiranda
NOTARY PUBLIC, STATE OF FLORIDA
Print name: Ninoska Altamiranda
Commission No.: _____

My Commission expires:

STATE OF FLORIDA)
) : ss.
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 7 day of December, 1995 by RUBEN BERTRAN, as President, of VITRAN INVESTMENT CORP., on behalf of the corporation. He is personally known to me or has produced _____ as identification.



Ninoska Altamiranda
NOTARY PUBLIC, STATE OF FLORIDA
Print name: Ninoska Altamiranda
Commission No.: _____

My Commission expires:

CERTIFICATE OF REGISTERED AGENT
OF
CARIBE CENTURY DEVELOPMENT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -5 AM 11:29

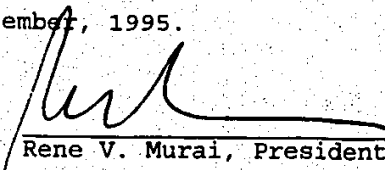
In pursuance of Chapter 620.105, Florida Statutes, the following is submitted, in compliance with said Act:

That CARIBE CENTURY DEVELOPMENT, LTD., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Certificate of Limited Partnership, at the City of Miami, County of Dade, State of Florida, has named Murai, Wald, Biondo & Moreno, P.A., 25 S.E. 2nd Avenue, Suite 900, Miami, Florida, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Dated this 7 day of December, 1995.


Rene V. Murai, President

AFFIDAVIT

FILED STATE
SECRETARY OF CORPORATIONS
5 DEC -5 AM 11:29

BEFORE the undersigned authorities, personally appeared Carlos E. Martinez, Sergio Pino and Ruben Bertran who being duly sworn depose and state as follows:

1. That Carlos E. Martinez is the President of CARIBE GROUP CORP., a Florida corporation, managing general partner in the partnership known as CARIBE CENTURY DEVELOPMENT, LTD., a Florida limited partnership.

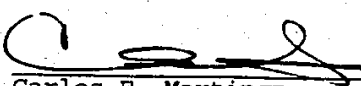
2. That Sergio Pino is the President of a PINE INVESTMENT CORP., a Florida corporation, a general partner in the partnership known as CARIBE CENTURY DEVELOPMENT, LTD., a Florida limited partnership.

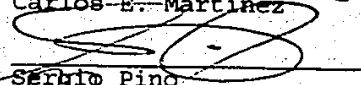
3. That Ruben Bertran is the President of VITRAN INVESTMENT CORP., a Florida corporation, a general partner in the partnership known as CARIBE CENTURY DEVELOPMENT, LTD., a Florida limited partnership.

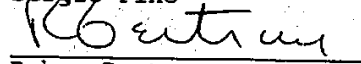
4. That the amount of capital contributions contributed by the general partners is \$287,000.00, which amount is the total amount anticipated to be contributed by the general partners.

5. That the amount of capital contributions contributed by the limited partners is \$133,000.00, which amount is the total amount anticipated to be contributed by the limited partners.

6. Further Affiants sayeth naught.

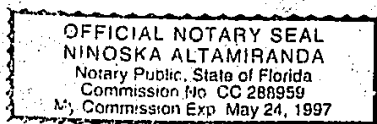

Carlos E. Martinez



Sergio Pino


Ruben Bertran

STATE OF FLORIDA)
COUNTY OF DADE) : ss.

The foregoing instrument was acknowledged before me this 7 day of December, 1995 by CARLOS E. MARTINEZ, who is personally known to me or who has produced _____ as identification.




NOTARY PUBLIC, STATE OF FLORIDA
Print name: Ninoska Altamiranda
Commission No.: _____

My Commission expires:

STATE OF FLORIDA)
) : ss.
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 7 day of December, 1995 by SERGIO PINO, who is personally known to me or who has produced _____ as identification.

OFFICIAL NOTARY SEAL
NINOSKA ALTAMIRANDA
Notary Public, State of Florida
Commission No. CC 268959
My Commission Exp. May 24, 1997

Ninoska Altamiranda
NOTARY PUBLIC, STATE OF FLORIDA
Print name: Ninoska Altamiranda
Commission No.: _____

My Commission expires:

STATE OF FLORIDA)
) : ss.
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 7 day of December, 1995 by RUBEN BERTRAN who is personally known to me or who has produced _____ as identification.

OFFICIAL NOTARY SEAL
NINOSKA ALTAMIRANDA
Notary Public, State of Florida
Commission No. CC 268959
My Commission Exp. May 24, 1997

Ninoska Altamiranda
NOTARY PUBLIC, STATE OF FLORIDA
Print name: Ninoska Altamiranda
Commission No.: _____

My Commission expires:

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Morhym
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 DEC 26 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

CARIBE CENTURY DEVELOPMENT

1a. DOCUMENT #

A95000001912

Mailing Address

14260 SW 119 AVE
MIAMI, FL. 33186

Principal Office Address

SAME

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

300001677823

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

3. Date Formed or Registered to Do Business in
FLORIDA
DECEMBER 5, 1995

3a. Date of Last Report

N/A

4. State or Country of Formation

U.S.A.

5a. Capital Contributions as Shown
on Record

\$ 33,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEI Number

X Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

Mural, Wald, Blondo (Moreno)
25 SE 2nd Avenue Suite 900
Miami, Florida
33131

Name

10. If changed, new Registered Agent/Office

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

James J. Blondo

DATE 12/15/95

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

CARIBE GROUP CORP.

PINE INVESTMENT CORP.

VITRAN INVESTMENT CORP.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

14260 SW 119 AVE

901 SW 69 AVE

2480 W 82 AVENUE

11b. City, State & Zip Code

MIAMI, FL. 33186

MIAMI, FL. 33144

HALEAH, FL. 33016

11c. Registration
Document Number

P95000076486

P95000076484

P95000076485

CR2E003 (6/95)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

CARIBE GROUP CORP.

CARLOS E. MARTINEZ, PRES

DATE 12/15/95

Telephone Number 233-6776

Typed or Printed Name of General Partner Signing Form