

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 APR 24 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F46388** (7)

1. Corporation Name
AMCARIB, INC.

Principal Place of Business Mailing Address

**% MERSHON & SAWYER, SE FINANCIAL CTR.
200 S. BISCAYNE BLVD. SUITE 4500
MIAMI FL 33131-2367**

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200 S. BISCAYNE BLVD. SUITE 4500
MIAMI FL 33131-2367**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **09/28/1981** 3a. Date of Last Report **04/12/1994**

4. FEI Number **65-0029829** 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

**KAMRADT, RUSSELL T.
777 SOUTH FLAGLER DRIVE
PHILLIPS POINT, SUITE 809
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Register's agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUBERT, CARLOS R.	1 2 NAME	
STREET ADDRESS	199 OCEAN LANE DR. #301	1 3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL	1 4 CITY - ST - ZIP	
TITLE	TD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUBERT, LUIS A.	2 2 NAME	
STREET ADDRESS	155 OCEAN LANE DR #1000	2 3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL	2 4 CITY - ST - ZIP	
TITLE	VD	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUBERT, CARLOS A.	3 2 NAME	V
STREET ADDRESS	199 OCEAN LANE DR #301	3 3 STREET ADDRESS	Carlos F. Aubert
CITY - ST - ZIP	KEY BISCAYNE FL	3 4 CITY - ST - ZIP	199 Ocean Lane Drive, #301 Key Biscayne, FL 33149
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. 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 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: _____ DATE: **12 APRIL '95** TYPE: **361-2729**

CARLOS R. AUBERT, President