. PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9500003755

FIRST CARIBBEAN MANAGEMENT, LTD., INC.

FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90006 002 ***900.00



Principal Place of Business Mailing Address					I (SALIZE IER (BIB) ALLE BRILL SOILE POINT		
7570 N.W. 14TH STREET 7570 N.W. 14TH STREET MIAMI FL 33126 MIAMI FL 33126					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed		
					08/02/1995		
2. Principal Place of Business 2a. Malling Address					4. FEI Number	Apr	olied For
21	<u></u>				00 000 100		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired	\$8.75 A	
22		27			5. Certificate of Status Desired	Fee Rec	quired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible		
24	25 29 30		30		Personal Property Tax. LI Yes LI No 10. Name and Address of New Registered Agent		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	a Agent	
DEDE	ONO CADIOC		0'	Name			
PERDOMO, CARLOS			82	Street Adda	ress (P.O. Box Number is Not Acceptable)		
7570 NW 14TH ST MIAMI FL 33126							
MIAW	11 FL 33126		83				
			84	City	F	85 Zip C	ode
				L			renictored
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligat	nt Florida. Such change was au	tnorizea dy	the coroorati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	jistered
SIGNATURE					ad when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist				nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS /	Change	Addition
TITLE	PC	□ pereie	1,1 TITLE				_ i
NAME	CHARLOTTE MONOE CHARLOTTE & CHIRLEY CTC		1.2 NAME	TADDRESS			Ì
STREET ADDRESS		ITE & SHINLET STS	l.				
CITY-ST-ZIP	NASSAU BAHAMAS		1.4 CITY-8 2.1 TITLE	11-2119		Change	Addition
TITLE	***		2.2 NAME			_ •	_
NAME	1 Elenot, Ivaboti II		4	T ADDRESS			
STREET ADDRESS	7576 H.W. PHILL GILLE						}
CITY-ST-ZIP	1446 2000 1 C O O 1 C O		2.4 CITY- 3.1 TITLE	51-ZIP		☐ Change	Addition
TITLE	•		3.2 NAME				
NAME	'			T ADDRESS			
STREET ADDRESS			3.4. CITY-	1			
CITY-ST-ZIP TITLE	T 33120	☐ DELETE	4.1 TITLE		5 ~	☐ Change	☐ Addition
NAME	PERDOMO, CARLOS	_	4, 2 NAME	1 9	PERDONO CARLO NTO N.W. 14 ST. MIANI, FL33	シ る	
Ì	7570 N.W. 14TH STREET			T ADDRESS	15-TO N.W. 14 ST.		
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-	ST-ZIP	Wines FL33	126	
TITLE			51 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE	DELETE 6.1		6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY ST. ZIP			6.4 CITY-	ST-ZIP			

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE

4/x9/99 30V-591-7595