

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004376 (8)

1. Corporation Name

CARIBBEAN MOTOR WORKS, LIMITED A CORPORATION



Principal Place of Business

Mailing Address

5425 N.W. 72 AVE.
MIAMI FL 33166

5425 N.W. 72 AVE.
MIAMI FL 33166

3. Date Incorporated or Qualified
09/11/1995

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

RUSSELL, ROBERT H
5425 N.W. 72 AVE.
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 of Registered Agent (If Registered Agent is not a resident of Florida, the signature must be of a resident of Florida.)

(If Registered Agent is not a resident of Florida, the signature must be of a resident of Florida.)

DATE

12.

OFFICERS AND DIRECTORS

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
ADAIR, JAMES
REGAL CHAMBERS, GILLS ROAD, BRIDGETOWN
BARBADOS W.I.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
MAYERS, COLIN
5425 N.W. 72 AVE.
MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DST
RUSSELL, ROBERT H
25226 SANDI LANE
KATY TX 77494

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

C
ROGOWSKY, MARTIN
125 NORTH MAIN STREET
PORT CHESTER NY 10573

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

Change Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

Change Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

Change Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-96 305 8873210
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