

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90066 034 \*\*\*150.00

DOCUMENT # F98000005176

1. Corporation Name  
SOLA CARIBE, INC.



Principal Place of Business  
4048 W. KENNEDY BLVD., #674  
TAMPA FL 33609

Mailing Address  
4048 W. KENNEDY BLVD., #674  
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1998

4. FEI Number  
59-3375170

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ Yes ☐ No \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3911 OAK HAMMOCK DR  
Suite, Apt. #, etc.

2a. Mailing Address

26 3911 OAK HAMMOCK DR.  
Suite, Apt. #, etc.

23 City & State  
BRANDON FL

28 City & State  
BRANDON FL

24 Zip 33511 Country

29 Zip 33511 Country

9. Name and Address of Current Registered Agent

RICE, RONALD D  
4048 W. KENNEDY BLVD., #674  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name SAME

82 Street Address (P.O. Box Number is Not Acceptable)  
3911 OAK HAMMOCK DR

83

84 City BRANDON

85 Zip Code FL 33511

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-99

12.

OFFICERS AND DIRECTORS

TITLE CPS ☐ DELETE

NAME RICE, RONALD D  
STREET ADDRESS 2801 W. SOUTHPOINTE LN.  
CITY-ST-ZIP TAMPA FL 33611

TITLE CVT ☐ DELETE

NAME LAVENDER, JOSHUA  
STREET ADDRESS 2801 W. SOUTHPOINTE LN.  
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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14. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99 815 6433790

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