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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # G20138 (5)

1. Corporation Name
CARIBBEAN BASIN CONSULTING CORP.

Principal Place of Business
~~4942 LE JEUNE RD~~
~~CORAL GABLES FL 33146~~
US
126 MINORCA AVE
CORAL GABLES, FL 33134

Mailing Address
~~P O BOX 1060~~ P.O. Box 160683
~~MIAMI FL 33144~~ Miami, FL
US
33116

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 126 MINORCA AVE
22: Suite, Apt. #, etc.
23: City & State: C. GABLES, FL
24: Zip: 33134
25: Country: US

2a. Mailing Address
26: P. O. Box 160683
27: Suite, Apt. #, etc.
28: City & State: MIAMI, FL
29: Zip: 33116
30: Country: US

4. FEI Number: 65-0118147 ☐ 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
MEDELL, LIZA
922 MONTEMEY ST
CORAL GABLES FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MEDELL, ROBERT
STREET ADDRESS	~~4942 LEJEUNE RD~~
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	MEDELL, LIZA
STREET ADDRESS	922 ~~MONTEMEU~~
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VPD
NAME	GARCIA, ERNEST E.
STREET ADDRESS	1156 15TH ST NW STE 400
CITY-ST-ZIP	WASHINGTON DC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	126 MINORCA AVE
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	MEDELL, LIZA M.
2.3 STREET ADDRESS	922 WALLACE STREET
2.4 CITY-ST-ZIP	CORAL GABLES, FL
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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.

SIGNATURE: Liza M. Medell 2/24/95 (305) 447-5431
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0420703 FP