

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 # **G29584** (1)

1. Corporation Name
CARIBBEAN SALES, INC.



Principal Place of Business: **3584 NW 54 ST. MIAMI FL 33142 US**
 Mailing Address: **C/O SCOTT R. WILLINGER 6180 N.W. 36TH ST. STE #100 MIAMI FL 33166**

3. Date Incorporated or Qualified: **03/02/1983**
 3a. Date of Last Report: **06/19/1995**

2. Principal Place of Business
 21 **3584 NW 52nd St.**
 Suite, Apt #, etc.
 22
 City & State: **Miami, FL**
 Zip: **33142** Country
 23
 24
 25
 26 **3584 NW 52nd St.**
 Suite, Apt #, etc.
 27
 City & State: **Miami, FL**
 Zip: **33142** Country
 28
 29
 30

4. FEI Number: **59-2267286**
 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

10. Name and Address of New Registered Agent

**HERNANDEZ, JESUS
 3584 N.W. 52 STREET
 MIAMI FL 33142**

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 type of person named in registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. *ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDITION
11 TITLE	P= President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	Jesus Hernandez		
13 STREET ADDRESS	635 SE 5th PL		
14 CITY-ST-ZIP	Hialeah, FL 33010		
21 TITLE	VP= Vice President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	Jeffrey J. Hernandez		
23 STREET ADDRESS	19429 NW 14th St.		
24 CITY-ST-ZIP	Pembroke Pines, FL 33029		
31 TITLE	S= Secretary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 NAME	Olga Hernandez		
33 STREET ADDRESS	635 SE 5th PL		
34 CITY-ST-ZIP	Hialeah, FL 33010		
41 TITLE	T= Treasurer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42 NAME	Maria Hernandez		
43 STREET ADDRESS	635 SE 5th PL		
44 CITY-ST-ZIP	Hialeah, FL 33010		
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jesus Hernandez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-96

634-2244

CR2E034 (3/96)