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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G29584

(1)

CARIBBEAN SALES, INC.

Principal Place 3584 NW 528T MIAMI FL 3314 US		3584 NW 52N	Mailing Address 3584 NW 52ND ST MIAMI FL 33142-3243 US								
								3. Date Incorporated or Qualified 03/02/1983		te of Last R 12/1996	eport
—	lace of Business	⊢ , "	2a. Mailing Address				4. FEI Number Applied For 59-2267286 Not Applicable				
Suite, Apt	# edc	Suite Apt	Suite, Apt. #. etc.				39-2207200		\$8.75 /	ot Applicable	
22		27	h				5. Certificate of Status Desired		Fee Re		
City & State	8	City & Sta	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28	<u> </u>				Trust Fund Contribution Added to Fees				
Zip	Country		Zip			ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25 29 30 30 30 30 30 30 30 30 30 30 30 30 30					Florida Statutes Yes KANS 10. Name and Address of New Registered Agent					
HERNANDEZ, JESUS						Name		IV. Italia alla Addiess di Italia	gi storou r	- Marik	
3584 N.W. 52 STREET											
MIAMI FL 33142					82	Stree	t Addre	ss (P.O. Box Number is Not Acceptab	ole)		
***************************************					83	83					
						City				85 Zip (Code
									FL		
office or r agent. La	to the provisions o egistered agent, o m familiar with, an	r both, in the State	of Florida. Such c	hange was a	uthorized b	y the co	a corpo rporatio	ration submits this statement for the points board of directors. I hereby acceptions	orpose of the appo	changing it pintment as	registered registered
SIGNATURE Supported by product printed name of registered agent and third happlicable (NOTE: Bagistered							re required	when reinstating)	DATE		
12.		OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
THILE	P	20110		DELETE	1.1 TITLE					Change	Addition
NAME	HENANDEZ, J				1.2 NAME						
STREET ADDRESS	635 SE 5TH P	L			1	r address	i				
CITY-SI-ZIP	HIALEAH FL VP		- -	1 proper	1.4 CiTY-	SY-ZIP				Change	Addition
TITLE	HERNANDEZ.	JEFFERY J	L] DELETE	21 TITLE					L Criange	FT WOULDER
NAME STREET ADDRESS	19429 NW 14				22 NAME	T ADDRESS	.				
CITY - ST - ZIP	PEMBROKE P				2 4 CITY-		']				
TITLE	S			DELETE	3 1 TITLE	21-71E	 			Change	Addition
NAME	HERNANDEZ,	OLGA		_	3.2 NAME						
STREET ADDRESS	635 SE 5TH P	Ĺ			3.3 STREE	T ADDRESS	;				
CITY - ST - ZIP	HIALEAH FL				3.4. CITY-	ST-ZIP					
TITLE	T			DELETE	4.1 TITLE					Change	Addition
NAME	HERNADEZ, M				4. 2 NAME						
STREET ADDRESS	635 SE 5TH P	Ł			4.3 STREE	t adoress	3	•			
CITY - ST - 7IP	HIALEAH FL			<u> </u>	4.4 CITY -	ST-ZIP		····· · · · · · · · · · · · · · · · ·			
TITLE			L.	J DELETE	5.1 TITLE					L Change	Addition
NAME	l				5.2 NAME						

6.4 CITY-ST-ZIP CitY - ST - ZIP 14. I do 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

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

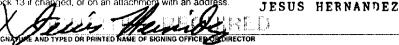
6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY - S1 - 7IP

STREET ADDRESS

TITLE NAME



DELETE

01-16-97

Dale

FILED

Jan 28 1997 8:00am

Secretary of State

a angeles nava cinca caras decar etall bini dides Albit Celli Albit Albit Cinci

Daytime Phone #

Change

Addition