

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G58701** (5)
1. Corporation Name
INTERNATIONAL CARIBBEAN SUPPLIES CORPORATION



Principal Place of Business
**160 SW 12TH AVENUE
SUITE 108
DEERFIELD BEACH FL 33442**

Mailing Address
**160 SW 12TH AVENUE
SUITE 108
DEERFIELD BEACH FL 33442**

2. Principal Place of Business
21 **2036 NW 55TH AVE.**
Suite, Apt. #, etc.
22
City & State
23 **MARGATE, FL.**
Zip
24 **33063** Country
25 **USA**

2a. Mailing Address
26 **2036 NW 55TH AVE.**
Suite, Apt. #, etc.
27
City & State
28 **MARGATE, FL.**
Zip
29 **33063** Country
30 **USA**

3. Date Incorporated or Qualified
09/08/1983

3a. Date of Last Report
04/25/1995

4. FEI Number
59-2334353

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. 190.032, Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**LIVINGSTON, ULRICO
1901 N.W. 80 AVE., ROYAL SPGS.
MARGATE FL 33063**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2036 NW 55TH AVE.
83
84 City
MARGATE FL 85 Zip Code
33063

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 corporation's chief executive officer, president, or similar officer

Signature of Registered Agent (signature required for new agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE	PST	11.1 TITLE	☒ Change ☐ Addition
11.2 NAME	LIVINGSTON, ULRICO	11.2 NAME	
11.3 STREET ADDRESS	1901 N.W. 80 AVE.	11.3 STREET ADDRESS	2036 NW 55TH AVE
11.4 CITY-ST-ZIP	MARGATE FL	11.4 CITY-ST-ZIP	MARGATE, FL. 33063
11.5 TITLE	VD	11.5 TITLE	☒ Change ☐ Addition
11.6 NAME	LIVINGSTON, ULRICO	11.6 NAME	
11.7 STREET ADDRESS	1901 N.W. 80 AVE.	11.7 STREET ADDRESS	2036 NW 55TH AVE
11.8 CITY-ST-ZIP	MARGATE FL	11.8 CITY-ST-ZIP	MARGATE, FL. 33063
11.9 TITLE		11.9 TITLE	☐ Change ☐ Addition
11.10 NAME		11.10 NAME	
11.11 STREET ADDRESS		11.11 STREET ADDRESS	
11.12 CITY-ST-ZIP		11.12 CITY-ST-ZIP	
11.13 TITLE		11.13 TITLE	☐ Change ☐ Addition
11.14 NAME		11.14 NAME	
11.15 STREET ADDRESS		11.15 STREET ADDRESS	
11.16 CITY-ST-ZIP		11.16 CITY-ST-ZIP	
11.17 TITLE		11.17 TITLE	☐ Change ☐ Addition
11.18 NAME		11.18 NAME	
11.19 STREET ADDRESS		11.19 STREET ADDRESS	
11.20 CITY-ST-ZIP		11.20 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ULRICO LIVINGSTON

2/2/96

(954) 752-0496

CR2E034 (12/95)