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FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

**2036 NW 55TH AVE
SUITE 108
MARGATE FL 33063
US**

Mailing Address

**2036 NW 55TH AVE
SUITE 108
MARGATE FL 33063-3753
US**

3. Date Incorporated or Qualified
09/08/1983

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

21 4901 Godfrey Road

2a. Mailing Address

26 P.O. Box 9362

4. FEI Number

59-2334353

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

City & State

23 Coral Springs, FL

City & State

28 Coral Springs, FL

Zip

Country

24 33067

25 USA

Zip

Country

29 33075

30 US

9. Name and Address of Current Registered Agent

**LIVINGSTON, ULRICO
2036 NW 55TH AVE
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4901 Godfrey Road

84 City

Coral Springs, FL

85 Zip Code

33067

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

Ulrico Livingston

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/97

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE

NAME **LIVINGSTON, ULRICO**
STREET ADDRESS **2036 NW 55TH AVE**
CITY-ST-ZIP **MARGATE FL**

TITLE **VO** ☐ DELETE

NAME **LIVINGSTON, ULRICO**
STREET ADDRESS **2036 NW 55TH AVE**
CITY-ST-ZIP **MARGATE FL**

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **4901 Godfrey Road**
1.4 CITY-ST-ZIP **Coral Springs, FL 33067**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **4901 Godfrey Road**
2.4 CITY-ST-ZIP **Coral Springs, FL 33067**

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 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:

Ulrico Livingston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0148923

CR2E034 (9/96)