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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 # **H27309** **(4)**

1. Corporation Name
J & M CARIBE EXPORTS, INC.

Principal Place of Business
5804.N.W. 87th Terrace
P.O. BOX 25045
TAMARAC, FL 33320

Mailing Address
5804 N.W. 87th Terrace
P.O. BOX 25045
TAMARAC, FL 33320

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1984
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2471224	☐ Applied For ☐ Not Applicable
21 5804 N.W. 87th Terrace	26 P.O. Box 25045		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 TAMARAC, FL	City & State 28 TAMARAC, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33321 / Country 25	Zip 29 33320 / Country 30	8. This corporation has taxable for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

ZANGARA, JOHN
5802 NW 86TH AVE
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name: ZANGARA, JOHN
82 Street Address (P.O. Box Number is Not Acceptable): 5804 N.W. 87th TERRACE
83: P.O. BOX 25045
84 City: Tamarac, FL 85 Zip Code: 33320

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	XX Change ☐ Addition
NAME	ZANGARA, JOHN	12 NAME	JOHN S. ZANGARA	
STREET ADDRESS	5802 NW 86TH AVE	13 STREET ADDRESS	5804 N.W. 87th Terrace	
CITY ST ZIP	TAMARAC FL	14 CITY ST ZIP	TAMARAC, FL 33321	
TITLE	D	21 TITLE	D	XX Change ☐ Addition
NAME	ZANGARA, MARIA	22 NAME	ZANGARA, MARIA	
STREET ADDRESS	5802 NW 86TH AVE	23 STREET ADDRESS	5804 N.W. 87th Terrace	
CITY ST ZIP	TAMARAC FL	24 CITY ST ZIP	TAMARAC, FL 33321	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN S. ZANGARA 4/11/95 305-721-3465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0220007 CP