

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 # **H38522** (9)  
1. Corporation Name  
**CARIBBEAN OVERSEAS INVESTMENT CORPORATION**



Principal Place of Business

Mailing Address

C/O FRANK DE VARONA  
104 MADEIRA AVENUE  
CORAL GABLES FL 33134

C/O FRANK DE VARONA  
104 MADEIRA AVENUE  
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

VIGIL, PELAYO A  
5258 S.W. 8TH STREET  
CORAL GABLES FL 33134

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, typed or printed name of registered agent and title if applicable

PELAYO A VIGIL

CPA

3/22/96

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME                  | STREET ADDRESS       | CITY-ST-ZIP        | DELETE                   |
|-------|-----------------------|----------------------|--------------------|--------------------------|
| DP    | PEYNADO G, JACINTO B. | JOHN F. KENNEDY AVE. | DOMINICAN REPUBLIC | <input type="checkbox"/> |
| D     | AGUILAR, JOSE         | JOHN F. KENNEDY AVE. | DOMINICAN REPUBLIC | <input type="checkbox"/> |
| D     | SIMO, DENNIS R.       | JOHN F. KENNEDY AVE. | DOMINICAN REPUBLIC | <input type="checkbox"/> |
|       |                       |                      |                    | <input type="checkbox"/> |
|       |                       |                      |                    | <input type="checkbox"/> |
|       |                       |                      |                    | <input type="checkbox"/> |

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY-ST-ZIP | 5. CHANGE                | 6. ADDITION              |
|----------|---------|-------------------|----------------|--------------------------|--------------------------|
|          |         |                   |                | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                | <input type="checkbox"/> | <input type="checkbox"/> |

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: **Dennis R. Simó**

03/22/1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Month and Year

CR2E034 (12/95)