SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED Aug 11 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # J66165 (8)CARIBE CONSULTING, INC. Principal Place of Business Mailing Address 2451 BRICKELL AVE 2451 BRICKELL AVE APT 20T DO NOT WRITE IN THIS SPACE MIAMI FL 33129 MIAMI FL 33129 3. Date Incorporated or Qualified 3a. Date of Last Report 04/08/1987 FEI Number 07/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 21 Not Applicable 26 59-2795993 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GARCIA-VIDAL, RAOUL ESQ 3191 CORAL WAY, SUITE #201 Street Address (P.O. Box Number is Not Acceptable) 82 MIAM! FL 33145 83 City 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 Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 (4/97 DELETE Change Addition TITLE SUAREZ, ROBERTO E 1.2 N NAME 2451 BRICKELL AVE. STREET ADDRESS REET ADDRESS miami fl CITY-ST-ZIP Y-ST-ZIF DELETE Change Addition TITLE 2.1 NAME STREET ADDRESS EL ADDRESS 2.3 CITY-ST-ZIP /-ST-ZIP DELETE Change Addition TITLE NAME STREET ADDRESS ET ADDRESS CITY-ST-ZIP Y-ST-ZIP DELETE Change TITLE Addition NAME ME STREET ADDRESS REET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ___ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 City-ST-ZIP CITY-ST-ZIP DELETE Change 6.1 TITLE Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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.

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the