FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K04651

(1)

Mailing Address

CARIB INTERNATIONAL INVESTMENTS CORP.

P.O. BOX 520061 MIAMI FL 33152		P.O. BOX 520061 Miami Fl 33152-0061										
						3.	Date Incorporated or Qualified 11/30/1987	3e. Dat			eport	
· ·	ace of Business	2a. Mailing Address			4.	4. FEI Number 65-0042762			Applied For Not Applicable			
Suite, Apt	#, etc.	Suite, Apt. #, etc.				. Certificate of Status Desired	Desired \$8.75 Additional					
City & State		City & State	City & State				· · · · · · · · · · · · · · · · · · ·	······	Fee Required \$5.00 May Be			
23	•	28	 			6.	Election Campaign Financing Trust Fund Contribution					
Ζιρ 24	Country 25	Zip 29	30	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
	g, Name and Address of Cur			81			, Name and Address of New Re	gistered A	gent			
GRANT, THOMAS W.K.					Name	9						
	EDDIE L. FIELDS D BISCAYNE BLVD., #A		82 Street Ad			t Address (f	ddress (P.O. Box Number is Not Acceptable)					
	MI FL 33137											
				84	City	···································		FL	85	Zip	Code	
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508, Florida Stat	lutes, the at	OOVE	-named	d corporatio	on submits this statement for the p	ouroose of	chan	ging it	s registered	
office or n agent. I a	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change wa digations of, Section 607.0505,	s authorized Florida Stati	d by utes	the corp 3.	rporation's	board of directors. I hereby accept	ot the appo	intme	ent as	registered	
SIGNATURE	Signature, typed or ponted name of registered	count and title d posterable (A)	OTF: Registered	i Ana	ent ninnahura	ra reculrad whe	o reinstation)	DATE				
12.		AND DIRECTORS	13.	a Ago			ADDITIONS/CHANGES TO OFFIC		DIRE	CTOF	RS IN 12	
THILE	0	☐ DELETE	1.1 7)]	1.1 TITLE					□ CI	range	Addition	
NAME	GRANT, THOMAS W.K. C/O 2650 BISCAYNE BLVD.		1.2 NA									
STREET ADDRESS O(TY-S1-ZIP	MIAMI FL		1.3 ST 1.4 CT		ADDRESS	i						
HILE			2.1 10		1 - 21	a Palanana and a community of the commun		,.	CI	nange	Addition	
NAME	22		2.2 NA	2.2 NAME								
STHEET ADDRESS			23 ST	REET	ADDRESS							
DITY-SI-7P		☐ DELETE		2 4 CiTY-ST-ZIP 3 1 TITLE		-			C	hanne	Addition	
NAME		Lad beenie	32 NA				•		L 0.	-unigo	1.00.000	
STREET AUDRESS					ADDRESS							
CITY - ST - ZIP			3.4. CI	iTY-5	ST-ZIP							
TITLE		☐ DELETE	4.1 TIT	TLE					∐ CI	hange	Addition	
NAME			4 2 N									
STREET ADDRESS					ADDRESS	•						
TITLE				4.4 CITY-ST-ZIP 5.1 TITLE		 			C	hange	Addition	
NAME			5.2 NA							-	_	
STREET ADDRESS					ADDRESS	;						
CITY - \$1 - 7IP			5.4 CI	TY-S	T-ZIP							
1111.6	L_J DELETE 6		6.1 Til	6.1 TITLE					□ c	hange	Addition	
NAMÉ			6.2 NA									
STREET ADDRESS			6.3 ST	REET	ADDRESS	3						

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