

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **K25449** (5)  
 1. Corporation Name

**CARIBBEAN DESIGNS INTERNATIONAL, INC.**



Principal Place of Business Mailing Address  
**P.O. BOX 640615 NORTH MIAMI BEACH FL 33164** **P.O. BOX 640615 NORTH MIAMI BEACH FL 33164**

3. Date Incorporated or Qualified **05/31/1988** 3a. Date of Last Report **08/03/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **65-0056555** Applied For Not Applicable

21 Suite, Apt #, etc 26 Suite, Apt #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip Country 25 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**U.S. PAK-N-SHIP/BRUCE KLASNER  
 1689 HIATUS RD  
 SUITE #455  
 PEMBROKE PINES FL 33026**

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

(NOTE: Registered Agent signature required when re-issuance)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **D TROCH, PAUL**  
 STREET ADDRESS **13121 SW 14TH PL**  
 CITY-ST-ZIP **DAVE FL**

11 TITLE  Change  Addition  
 12 NAME **TROCH, PAUL**  
 13 STREET ADDRESS **852 W. Coco Run Circle**  
 14 CITY-ST-ZIP **PLANTATION, FL - 33324**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

21 TITLE  Change  Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

31 TITLE  Change  Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

51 TITLE  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY-ST-ZIP

**000001927160**  
**-08/20/96--01139--005**  
**\*\*\*408.75**

**8/20/96**

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Aug. 2, 96 954-476-6996**  
 Date: **8/20/96** **8/20/96**  
 Electronic Filing

CR2E034 (3/96)