

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mardian
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K31081**

(8)

1. Corporation Name

CARIBBEAN UNLIMITED, CORP.

Principal Place of Business

**2841 SW 69TH CT
MIAMI FL 33155**

Mailing Address

**2841 SW 69TH CT
MIAMI FL 33155**

2. Principal Place of Business

2a. Mailing Address

21

Subj: Apt., etc.

26

Subj: Apt., etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**AZCARRETA, OSCAR
506 NW 87 AVE #409
MIAMI FL 33172**

3. Date Incorporated or Qualified

08/16/1988

3a. Date of Last Report

04/17/1995

4. FET Number

65-0073700

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

10. Name and Address of New Registered Agent

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 607.06(2) and 607.15(2), 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 607.06(2), Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Agent

Date

12. OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS	
1. TITLE	PD	☐ DELETE
2. NAME	AZCARRETA, OSCAR	
3. STREET ADDRESS	506 NW 87 AVE #409	
4. CITY, ST, ZIP	MIAMI FL	
5. TITLE	VST	☐ DELETE
6. NAME	PEREZ DE ALEJO, AMERICA	
7. STREET ADDRESS	10460 SW 27 ST	
8. CITY, ST, ZIP	MIAMI FL	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I do hereby certify that the information submitted with this filing is correct and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the registered or business empaneled to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. If changed, please attach a new address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96 (305) 266-5050

CR2E034 (12/95)