FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAY -1 PM 7:31

DOCUMENT # K31941

1. Corporation Name
CARIBEMAR, INC.

500001492085
-05/17/95--01160--004
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2630-A NW 41st STREET GAINESVILLE, FL 32606	P.O. BOX 13461 GAINESVILLE, FL 32604

3. Date Incorporated or Qualified: 08/29/1988
3a. Date of Last Report: 4/25/94

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 59-1929726 ☐ 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

9. Name and Address of Current Registered Agent

DIAZ, MIGUEL J.
2630-A NW 41st STREET
GAINESVILLE, FL 32606

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, MIGUEL J. 3400 CORAL WAY NO. 203 MIAMI, FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☒ Change ☐ Addition P DIAZ, MIGUEL J. 2630-A NW 41st STREET GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T INSUA, ARISTIDES MENDEZ 3400 CORAL WAY NO. 203 MIAMI, FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☒ Change ☐ Addition S/T DIAZ, MARIA TERESA P.O. BOX 13461 N/A GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRADO, MARTA 3400 CORAL WAY NO. 203 MIAMI, FL	31 TITLE D 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☒ Change ☐ Addition MIGUEZ, ALFONSO N/A P.O. BOX 13461 GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTERO, PAOLA DE 3400 CORAL WAY NO. 203 MIAMI, FL	41 TITLE D 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☒ Change ☐ Addition TABOADA, MANUEL P.O. BOX 13461 N/A GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition TAD 5-1-95

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, added or on an attachment with an address.

SIGNATURE: _____ 4/25/95 (904) 374-4150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MIGUEL J-DIAZ