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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K31941

(3)

CARIBEMAR, INC.

Mailing Address

Principal Place of Business 2630- A NW 418T STREET GAINESVILLE FL 32606

P.O. BOX 13461

## FILED Mar 20 1998 8:00am Secretary of State



CAMINEGAILLE	FL 92000	GMINESVILLE FL 32004	GAINEOVILLE PL 32004			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						08/29/1988			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	oplied For	
21 131	13151 Newberry Road 26 P.O. Box 1			3461		59-1929726	No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State Tioga, FL City & State Gainesvill			e, FL			6. Election Campaign Financing	\$5.00 May Be		
20	<u> </u>	Zip Zip	ip Country			Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year intangible			
Zip 326	69 USAY		— ⊃ວຽດທ <del>  M</del> CA ໍ			Personal Property Tax due June 30. Yes No			
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
DIA		6	81 Name						
2830-A NW 41ST STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
GAINESVILLE FL 32606				13151 Newberry Road					
			6	3					
			6	4 City			85 Zip (	Code	
				Tio	ga	<u> </u>		669	
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									
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 hance of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE									
12.		gent and telle it applicable (NOTE ND DIRECTORS	13.	geni signalure	e required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 12	
TITLE	B	DELETE	1.1 TITL			ADDITIONO INTOCCO TO CITTOCHO A	K Change	Addition	
NAME	DIAZ, MIGUEL J.		1.2 NAM				aga onunge		
STREET ADDRESS	AAAA A NAW AAAT ATREET					1151 Northern Dans			
CITY-ST-ZIP	GAINESVILLE FL 32606			-ST-ZIP		3151 Newberry Road			
TITLE	ST	☐ DELET <b>E</b>	2.1 TITLE		11	oga, FL 32669	<b>K</b> Change	Addition	
NAME	DIAZ, MARIA TERESA		2.2 NAN						
STREET ADDRESS	P.O. BOX 13461 N/A		2.3 STR	2.3 STREET ADDRESS 1		3151 Newberry Road			
CITY-ST-ZIP	GAINESVILLE FL 32606	E FL 32606 2.4				oga, FL 32669			
TITLE	D	DELETÉ 3.1					Change	Addition	
NAME	Miguez, Alfonso		3.2 NAM	E					
STREET ADDRESS	P.O. BOX 13461 N/A		3.3 STRE	et address	13	1151 Newberry Road			
CITY-ST-ZIP	GAINESVILLE FL 32606		3.4. City	-ST-ZIP	Ti	oga, FL 32669			
TITLE	D	☐ DELETE	4.1 TITLI			1	K Change	Addition	
NAME	TABOADAO, MANUEL		4. 2 NAN	IE		boada, Manuel		1	
STREET ADDRESS	PO BOX 13461		4.3 STAE	et address	1	151 Newberry Road			
CITY-ST-ZIP	GAINESVILLE FL	E Locusti	4.4 CITY		Ti	oga, FL 32669		4.100	
TITLE	V 047 1180 4	☐ DELETE	5.1 TITLI				Change	Addition	
NAME	DIAZ, LUIS A		5.2 NAM		4.0	4 5 4 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5			
STREET ADDRESS	2630A NW 41 ST					151 Newberry Road			
CITY-ST-ZIP	GAINESVILLE FL	☐ DELETE	5.4 CiTY		1	oga, FL 32669	Change	X Addition	
TITLE			6.1 TITLE		S		change	Addition	
NAME ATREET LODDESCO			6.2 NAM		1	az, Anneliese			
STREET ADDRESS			0.1000	ET ADDRESS		1151 Newberry Road			
14. I hereby ce	ertify that the information with lied	with this filing does not qualify for	6.4 CITY	-SI-ZIP Intion state	l mi	Clien 19.07(3)11 Florida Sallifes Liurther	certify that the	information	
14. I 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 of 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.									