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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # K38040

(7)

CARIBBEAN LAND DEVELOPERS, INC.

FILED Apr 24 1997 8:00am Secretary of State



тпора: насе) OF BUSINESS	ivialitiig Address					
7480 SW 57 TE MIAMI FL 33143		7460 SW 57 TERR Miami FL 33143-1745					
					Date Incorporated or Qualified 10/11/1988	3a. Date of Last F 05/01/1996	Report
	ace of Business	2a, Mailing Address		3 4.	4, FEI Number 65-0089005		pplied For
	05W 83 AU.	26 48005	W 8.	3 HU.	0070008000		lot Applicable
Suite, Apt. i	#, 61 0.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	Additional Required
City & State City & State				1 d	8. Election Campaign Financing		May Be
Zip	Country	28 7777477 Zip	Country		Trust Fund Contribution 8. This corporation has liability for		s. 199.032.
24 331	156 25 05	29 33/56	30	15	Florida Statutes	Yes 🔲 No	
	g. Name and Address of Curre	ent Registered Agent			10, Name and Address of New R	egistered Agent	***********
	rra, Jose A		B1	Name	SOSE IBNIEL	CA	
7460 SW 57 TERRACE				Street Addre	ess (P.O. Box Number is Not Accepte		
	E 105		83	······································	9800 SW	83 AU	<u></u>
MIAN	MI FL 33156		53				
			84	City	114m	FL 85 Zp	Code 3/56
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508. Florida Statute	s, the above				its registered
office or re	egistered agent, of both, in the Sta	te of Florida. Such change was a	uthorized by	the corporati	oration submits this statement for the ion's board of directors, thereby according to the control of the contro	ept the appointment as	s registered
	rif farfillar with, and accept the obli	gations of, decilonour.oboo, File	· iod Glattic		4-15.97	1-15-9	3
SIGNATURE	Signature, typed of a rifed name of registered a	gent and titly I applicable. (NOTE	Registered Age	ent signature require	ed when reinstating)	DATE	
12.	OFFICERS A	ND PIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
111LF	PST /	□ DELETE	11 TITLE			L_] Change	Addition Addition
NAME	IBARRIK, JOSE A.		1.2 NAME				
STREET ADDRESS	7360 CORAL WAY, STE 21		1.3 STREET	ADDRESS			
CITY - ST - ZIP	MIAMI FL		1.4 CITY-5	iT-ZIP			1 4 4 4 2 2
TIFLE	D	DELETE	2.1 TITLE			Change	Addition
NAME	IBARRA, JOSE A.		2.2 NAME				
STREET ADDRESS	7360 CORAL WAY, STE 21 MIAMI FL			ADDRESS			
CHY-SI-ZIP	MIAMI FL	DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP		Change	Addition
TITLE		Dittelt	3.2 NAME			E.J. Ottoliga	
NAME				ADDRESS			
STREET ADDRESS			3.4. CITY-	- 1			
City - S1 - 2IP Title		DELETE	4.1 TITLE	51- <i>L</i> ir		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
C(11Y - S1 - Z)P			4.4 CITY -				
HILE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZiP			5.4 CITY -	ST-ZIP			
T:TLE		☐ DELETE	6.1 TITLE			☐ Change	e 🔲 Additio
NAMi			6.2 NAME	'			
STHEET ADDRESS			6.3 STREE	T ADDRESS			
CI*Y-SI-ZIP			6.4 CiTY-				
14 Ldo here	by certify that the information suppl	ied with this filing does not qualit	v for the exi	emption stated	d in Section 119.07(3)(i). Florida Statu	tes. I further certify the	at the

Too necesty carry that the information supplies with this filling 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR