

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K46185 (0)

1. Corporation Name

CARIBBEAN BOX COMPANY

Principal Place of Business

7500 W. 18TH LANE
HIALEAH FL 33014

Mailing Address

7500 W. 18TH LANE
HIALEAH FL 33014



3. Date Incorporated or Qualified
11/18/1988

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 3123 NW 73RD STREET
Suite, Apt. #, etc.

26 3123 NW 73RD STREET
Suite, Apt. #, etc.

4. FEI Number
65-0083455

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

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

24 33147

25 USA

29 33147

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEIN, BRENT D.
801 BRICKELL AVE
SUITE 1901
MIAMI FL 33131

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
PDS
ARMENGOL, MIGUEL GARCIA
STREET ADDRESS
7500 W. 18TH LANE
CITY-ST-ZIP
HIALEAH FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

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3.1 TITLE ☐ Change ☐ Addition

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4.1 TITLE ☐ Change ☐ Addition

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4.2 NAME

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5.1 TITLE ☐ Change ☐ Addition

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5.4 CITY-ST-ZIP

TITLE
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6.1 TITLE ☐ Change ☐ Addition

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6.2 NAME

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6.4 CITY-ST-ZIP

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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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/96 305/836-9779

Date

Daytime Phone #

CR2E034 (12/95)