

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K46554** (7)
1. Corporation Name
JACKSONVILLE CARIBBEAN BROKER SERVICES, INC.

Principal Place of Business
**% RALPH J. MARTINEZ
8535 POSEY ROAD
JACKSONVILLE FL 32220-2309**

Mailing Address
**% RALPH J. MARTINEZ
8535 POSEY ROAD
JACKSONVILLE FL 32220-2309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/18/1988** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-2921796** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**MARTINEZ, RALPH J.
8535 POSEY ROAD
JACKSONVILLE FL 32220**

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

(Signature typed or printed name of registered agent and the filing official)

(NOTE: Registered Agent signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS
TITLE **P**
NAME **MARTINEZ, RALPH J.**
STREET ADDRESS **8535 POSEY ROAD**
CITY ST ZIP **JACKSONVILLE FL**
TITLE **V**
NAME **LANE, HARVIN W.**
STREET ADDRESS **8535 POSEY ROAD**
CITY ST ZIP **JACKSONVILLE FL**
TITLE **ST V**
NAME **MARTINEZ, PATRICIA C.**
STREET ADDRESS **8535 POSEY ROAD**
CITY ST ZIP **JACKSONVILLE FL**
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

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)(b), 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:

Ralph J. Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

2/3/95
DATE

Pres
OFFICER OR DIRECTOR