

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K51223 (1)

1. Corporation Name
CARIBE TECHNOLOGIES CORP.



Principal Place of Business: **% LESLIE JAY GROSS, 10471 SW 126TH ST., MIAMI FL 33176-4749**
Mailing Address: **% LESLIE JAY GROSS, 10471 SW 126TH ST., MIAMI FL 33176-4749**

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	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
12/14/1988	01/23/1995
4. FEI Number	Applied For
65-0088031	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GROSS, LESLIE JAY 10471 SW 126TH ST. MIAMI FL 33176-4749				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 corporation (Date): _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	A	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, LESLIE JAY		1.2 NAME				
STREET ADDRESS	10471 SW 126TH ST.		1.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL 33176		1.4 CITY - ST - ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEKTAYI, MOHAMMED A.		2.2 NAME				
STREET ADDRESS	1685 NW 22 ST		2.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL 33142		2.4 CITY - ST - ZIP				
TITLE	DTV	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, GUILLERMO L.		3.2 NAME				
STREET ADDRESS	3722 S.W. 85TH AVE.		3.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL 33155		3.4 CITY - ST - ZIP				
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, GUILLERMO L.		4.2 NAME				
STREET ADDRESS	3722 SW 85TH AVE.		4.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL 33155		4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			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)(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 officer, trustee, or partner 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]* **4/17/96** **305-673-5478**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing # Dist. to Filice #

CR2E034 (12/95)