FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K54220** **(4)**

1. Corporation Name

CARIBBEAN BUILDING SUPPLIES, INC.

Principal Place of Business	Mailing Address
97 NORTHWEST 15TH PLACE POMPANO BEACH FL 33060	97 NORTHWEST 15TH PLACE POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 109 N.W. 15th Place	26 109 N.W. 15th Place
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pompano Beach, FL	City & State 28 Pompano Beach, FL
Zip / Country 24 33060 / 25 Broward	Zip / Country 29 33060 / 30 Broward

4. FEI Number: 65-0090354 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VOSS, KENNETH J. 97 N.W. 15TH PLACE POMPANO BCH FL	81 Name: Voss, Kenneth J. 82 Street Address (P.O. Box Number is Not Acceptable): 109 N.W. 15th Place 83 84 City: Pompano Beach FL 85 Zip Code: 33060

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	VOSS, KENNETH J.	12 NAME	Voss, Kenneth J.	
STREET ADDRESS	97 NW 15TH PLACE	13 STREET ADDRESS	109 N.W. 15th Place	
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	DSC	21 TITLE	DSC	☒ Change ☐ Addition
NAME	VOSS, DIANNE M.	22 NAME	Voss, Dianne M.	
STREET ADDRESS	97 NW 15TH PLACE	23 STREET ADDRESS	109 N.W. 15th Place	
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Dianne Voss DIANNE VOSS 4/26/95 305-783-1910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0102970 CP