## NG FEE AFTER MAY 1ST IS \$550.00

| FILE NOW: FILIN  |
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| PROFIT CORPORATION ANNUAL REPORT 1999                          |
| DOCUMENT # K  1. Corporation Name  CARIBBEAN LUMBER IN         |
| Principal Place of Business<br>7294 SW 48 ST<br>MIAMI FL 33155 |
| Principal Place of Business     Suite, Apt. #, etc.            |
| City & State  23  Zip  Cou                                     |
|  |

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

DIVISION OF CORPORATIONS

## **FILED** Feb 05, 1999 8:00am **Secretary of State** Secretary of State

| - 13   | 999  |  |  | 02-05-1999 90018 026  | C ***1 50 00                                   |                                     |  |
|--|--|--|--|---|--|-------------------------------------|--|
| OCUM   | ENT # K54784   |  |  | 02-03-1399 90018 026  | 5 130.00                                       |                                     |  |
| CARIBBEA   | N LUMBER INTERNATION   | IAL, INC.  | •  | <br>  | )  | 1318 (1 1418) A1811                 | OTALL LEAD   |
|  |  |  |  |   |  |                                     |  |
| <u> </u>   | 70   | Mailing Address  |  | - ) (#E/E/III sel e/III) aven lave  |  |                                     |  |
| Principal Place C  | of Business  | 7294 SW 48 ST  |  |   |  |                                     |  |
| 294 SW 48 ST .<br>IIAMI FL 33155   |  | MIAMI FL 33155   |  | DO NOT WRITE IN THIS SPACE  |  |                                     |  |
| •  | •  |  |  | 3. Date Incorporated or Qualifed  |  |                                     |  |
|  |  |  |  | 12/30/1988  |  | Applie                              | ed For   |
| 2. Principal Pla   | ce of Business   | 2a. Mailing Address  | •  | 4. FEI Number<br>59-2923004   |  |                                     | pplicable  |
| 1  |  | 26   |  | <del></del>   |  | \$8.75 Add                          |  |
| Suite, Apt. #  | , etc.   | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired  |  | Fee Requ                            |  |
| 2  | <u> </u>   | City & State   |  | 6. Election Campaign Financing  | · ·  | \$5.00 Ma<br>Added to 1             |  |
| City & State   |  | 28   |  | Trust Fund Contribution   | ent year Intar                                 |                                     | 1 003  |
| Zip  | Country  | Zip  | Country  | This corporation owes the curr<br>Personal Property Tax.                            | ent year intai                                 | Yes                                 | ]No  |
| 4  | 25   | 29   | 30   | 10. Name and Address of New   | Registered A                                   | gent                                |  |
| <u>'</u>   | 9. Name and Address of Curre   | nt Registered Agent  | 81 Name  |   |  |                                     |  |
| DIA7   | FIDA   |  | 82 Street Add  | ress (P.O. Box Number is Not Accept   | able)  |                                     |  |
| GAR 7294   | ELDA<br>SW 48TH ST   | MAC 11   | 82 Street Add  | . Str. April 45 days action actions where   | gros garge didde ber<br>et ar llab (right bill | es stoerschift.<br>O'r 24ge ofdigig | lai Rižit II di  |
| SUIT   | E #4800  | ,  | 83   |   |  | 制制制制                                |  |
| MIAN   | A) FL 33155  |  | 84 City  |   | FL   | 85 Zip Co                           | ode  |
|  |  |  |  |   | , –  | · · ·                               |  |
| ٠.   |  | er to the second   |  | paration submits this statement for the   | purpose of o                                   | changing its r                      | egistered  |
| 11. Pursuant   | to the provisions of Sections 607.0  | 502 and 607 1508, Florida States of Florida, Such change was   | utes, the above-named cor<br>authorized by the corporat  | poration submits this statement for the<br>tion's board of directors. I hereby acce | e purpose of o                                 | changing its regi                   | egistered<br>istered   |
| 11. Pursuant<br>office of reagent. La  | to the provisions of Sections 607.0<br>egistered agent, or both, in the Stat<br>m familiar with, and accept the obli   | 502 and 607.1508, Florida Stat<br>te of Florida. Such change was<br>gations of, Section 607.0505, F    | utes, the above-named cor<br>authorized by the corporat<br>lorida Statutes.  | poration submits this statement for the<br>ion's board of directors. I hereby acce  | ept the appoin                                 | changing its regi                   | egistered<br>istered   |
| agent. I a   | m familiar with, and accept the obli   | gations of, Section 607.0505, F  | ionus Statutes.  |   | DATE   |                                     |  |
| agent. I a   | m familiar with, and accept the oblig  | gations of, Section 607.0505, F  | utes, the above-named cor<br>authorized by the corporat<br>lorida Statutes.  TE: Registered Agent signature requii   |   | DATE   |                                     |  |
| signature  | m familiar with, and accept the oblig  | gations of, Section 607.0505, F  | TE: Registered Agent signature required 13.  |   | DATE   | D DIRECTOR                          | RS IN 12   |
| SIGNATURE  12.   | Signature, typed or printed name of registered some OFFICERS OFFI   | gations of, Section 607,0505, F agent and title if applicable. (NC AND DIRECTORS                       | TE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME   |   | DATE   | D DIRECTOR                          | RS IN 12   |
| SIGNATURE  12.  TITLE  NAME  | Signature, typed or printed name of registered a OFFICERS  | gations of, Section 607,0505, F agent and title if applicable. (NC AND DIRECTORS                       | TE: Registered Agent signature requii  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS  |   | DATE   | D DIRECTOR                          | RS IN 12   |
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I hereby certify that the information supplied with the mindre deliny that it an indicated on this annual report or supplemental approach report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a indicated on this annual report or supplemental approach report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation or the receiper 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, with all other like empowered.

SIGNATURE

据 語話 智慧區 多比点 25 · 4