

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:54

DOCUMENT # K85137 (3)

1. Corporation Name

CARIB IMPORT & EXPORT, INC.

Principal Place of Business

% BYRON CHEN
3020 N. W. 75TH STREET
MIAMI FL 33147

Mailing Address

% BYRON CHEN
3020 N. W. 75TH STREET
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/03/1989

3a. Date of Last Report

02/15/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

24

Suite, Apt. #, etc.

25

City & State

26

Zip

Country

4. FBI Number

65-1024710

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

8. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

2. This corporation has liability for a delinquent tax under s. 189.032,

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CHEN, BYRON
1130 NW 93RD AVE
PEMBROKE PINES FL 33024

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

NOTE: Registered Agent signature required when reappointing

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD

CHEN, BYRON

1130 NW 93RD AVE

PEMBROKE PINES FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

CHEN, CLAUDETTE

1130 NW 93RD AVE

PEMBROKE PINES FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13.

ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

☐ Change

☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐ Change

☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change

☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change

☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change

☐ Addition

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 110.07(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:

Byron Chen

BYRON CHEN

6/12/95

696-2877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON ENCLATURE