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
MAY
FILED

95 MAY -1 AM 11:38

SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L40720 (9)

1. Corporate Name
CARIBEX INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
10300 SW 72ND STREET SUITE 158 MIAMI FL 33173 US	10300 SW 72ND STREET SUITE 158 MIAMI FL 33173 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1990
3a. Date of Last Report: 03/31/1994

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

4. FEI Number: 65-0163251 ☐ 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 been or intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEPACE, GERALD
513 N SR 7
MARGATE FL 33063

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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	D	TITLE	D ☒ Change ☐ Addition
NAME	HERNANDEZ, ILDEFONSO	NAME	JOSE L. SUAREZ
STREET ADDRESS	AVENIDA CENTRAL #31	STREET ADDRESS	10300 S.W. 72 St., Suite 158
CITY-ST-ZIP	REPUBLICA DOMINICANA	CITY-ST-ZIP	Miami, FL 33173
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, FEDERICO	NAME	
STREET ADDRESS	AVEVIDA CENTRAL #31	STREET ADDRESS	
CITY-ST-ZIP	REPUBLICA DOMINICANA	CITY-ST-ZIP	
TITLE	D	TITLE	D ☒ Change ☐ Addition
NAME	AQUINO, PEDRO J	NAME	ANDRES A. FABRE
STREET ADDRESS	AVENIA CENTRAL #31	STREET ADDRESS	AVENIDA CENTRAL #30
CITY-ST-ZIP	REPUBLICA DOMINCANA	CITY-ST-ZIP	REPUBLICA DOMINICANA
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	CORRIPIO, JOSE L	NAME	ELIMINATED
STREET ADDRESS	AVENIDIA CENTRAL #31	STREET ADDRESS	
CITY-ST-ZIP	REPUBLICA DOMINICANA	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We 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 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address.

SIGNATURE: FEDERICO MARTINEZ 21/04/95 (305)279-1577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0187715 CP