

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 # L59288 (5)

1. Corporation Name  
CARIBBEAN HOLDINGS, INC.



Principal Place of Business

5401 WEST KENNEDY BLVD  
P O BOX 22829  
TAMPA FL 33622

Mailing Address

5401 WEST KENNEDY BLVD  
P O BOX 22829  
TAMPA FL 33622

3. Date Incorporated or Qualified  
03/19/1990

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 5041 W. Cypress St

2a. Mailing Address

26 P.O. Box 24282

4. FEI Number  
65-0182380

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

23 City & State

TAMPA, FL

27 City & State

TAMPA, FL

24 Zip

33607

25 Country

USA

29 Zip

33622

30 Country

USA

9. Name and Address of Current Registered Agent

CISNEROS, FRANK  
5401 WEST KENNEDY BLVD  
LINCOLN CENTER  
TAMPA FL 33622

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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director (if applicable)

DATE (Typed or printed name of registered agent or director (if applicable))

DATE

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME CISNEROS, FRANK G  
STREET ADDRESS 5041 W. CYPRESS ST.  
CITY- ST- ZIP TAMPA FL

☐ DELETE

TITLE V  
NAME PEREZ, HENRY  
STREET ADDRESS 5041 WEST CYPRESS  
CITY- ST- ZIP TAMPA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
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CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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 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:

Henry Perez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96 813-286-2503  
Date: Day, Inc. Phone #

CR2E034 (12/95)