SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997

DOCUMENT #

CARIBWRAP INC.

Principal Place of Business

CITY-ST-ZIP



L94836

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

Mailing Address

FILED

97 AUG -8 PM 1:58

DECRETARY OF STATE TALLAHASSEE, FLORIDA



800 DOUGLAS ROAD Suite 351 Miami Fl 33134		800 DOUGLAS ROAD SUITE 351 MIAMI FL 33134		DO NOT MIDITE	IN THIS COACE	
MIMMI FL 991		MIAMI FL 33134			DO NOT WRITE	
					3. Date Incorporated or Qualified	3a. Date of Last Report
1021	NN South Rive	y Drive			08/21/1990	02/26/1996
	lace of Business	2a. Mailing Address / 63.76	I NW	South	4. FEI Number	Applied For
21 8359 N	W 68th St.	26 8359 NW 68th	St.	River	Ort 65-0211905	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			•	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	θ	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Miam	i, FL	28 Miami, FL			Trust Fund Contribution	Added to Fees
Zip 3 3,		Zip 33/76.			8. This corporation owes or has pai	
	25 US	29 33166 /323 30			Personal Property Tax due June	
24, 0000	9. Name and Address of Currer				10. Name and Address of New Reg	
CA	BEZA, MANUEL E.		B1	Name	10, traine una realieur et trait i le	Jacob Ngom
				, (0.170		
800 DOUGLAS ROAD			82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 351						
MIA	VMI FL 33134		83			
			84	Oite		les 7 out
			04	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, ti	he above	e-named co	rporation submits this statement for the p	urnose of changing its registered
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.						
agent, i am iamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE						
12.	OFFICERS AN		,	nt signature red	**************************************	DATE
TITLE	DPST OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	Change Addition
	GAULDING, GEORGE C					
NAME	,		1.2 NAME		OLIO NW Coute Riv	en Dr
STREET ADDRESS	0050 NW 00TH ST.		1.3 STREET	ADDRESS /	all land	
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY - S	T-ZIP	7:20: F1 3317	アンノろひと
TITLE		☐ DELETE	2.1 TITLE			L I Change I L Addition I
NAME			2.2 NAME		7000022	651874
STREET ADDRESS			2.3 STREET	ADDRESS	-08/12/3	651874 9701095016 5.00 ****165.00
CITY-ST-ZIP			2. 4 CITY-S		- *****165	>.UU ****165.UU
TITLE				11-211		Change Addition
			3.1 TITLE			LI CHANGE LI ADDRION
NAME			3.2 NAME	1		
STREET ANORESS		İ	3.3 STREET	ADDRESS		
CITY-ST ZIP			3.4. C(TY - S	1-7IP		
TITLE		☐ DELFTE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		İ
CITY-ST-ZIP			4.4 CITY-SI	r_ 7LD		
TITLE			51 TITLE	· #4		Change Addition
NAME			5.2 NAME			E Change E Addition
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY-ST-ZIP		·	5.4 CITY - ST	T- Z (P		
TITLE		☐ DELET E	6.1 TITLE			☐ Change ☐ Addition
NAME		ſ	6.2 NAME			∠ (1)
STREET ADORESS			c a etect	ADDDECC		//X/\

6.4 CITY-S1-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further period 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 it made under eath; 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 a subjectment with an address.

Manuel E. Cabeza, P.A.

Attorneys and Counselors at Law

800 Douglas Road Douglas Entrance, Puerta del Sol Suite 351 Coral Gables, Florida 33134

Telephone (305) 444-7282 Telefax (305) 444-7281

August 4, 1997

State of Florida, Department of State **Division of Corporations Annual Reports Section** Post Office Box 1500 Tallahassee, Florida 32302-1500

RE:

Our File Number.:

1167-01

Corporation:

Caribwrap Inc.

Document Number.: L94836

Dear Sir or Madam:

We are the registered agents for the above corporation. Last year our client had requested that the annual report be forwarded to our office. We or the above corporation never received the original request for filing the annual report. We receive numerous annual report forms every year on behalf of our clients and they are all processed and filed with your office on a timely basis. We cannot ascertain at the present time why the original annual report for Caribwrap was not received. Nonetheless, it was not and your recent "Second Notice" is the first notification we received indicating that the annual report was not filed. We would appreciate your accepting the late filing of the annual report taking the above into consideration. Our client has changed the mailing address, please change your records accordingly.

Sincerely,

Thank you for your consideration of the above request.

Sincerely,

Manuel E. Cabeza

MEC/mec Enclosures

cc: George Gaulding