

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
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96 MAY -1 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M16356** (1)

1. Corporation Name

GREAT CARIBBEAN CORP.

Principal Place of Business

**1036 S.W. 1 ST.
MIAMI FL 33130**

Mailing Address

**1036 S.W. 1 ST.
MIAMI FL 33130**

2. Principal Place of Business

21 2300 CORAL WAY

Suite, Apt. #, etc.

22

City & State

23 MIAMI FLORIDA,

Zip

24 33145

Country

25 US.

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc.

27

City & State

28 MIAMI FLORIDA,

Zip

29 33145

Country

30 US.

3. Date Incorporated or Qualified

06/05/1985

3a. Date of Last Report

02/24/1995

4. FEI Number

59-2578146

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.
1036 SW 1 ST
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name

FLORIDA ANNUAL REPORT SERVICES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

2300 CORAL WAY SUITE # 200

83

84 City

MIAMI

FL

85 Zip Code

33145

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 understand the provisions of Sections 607.0505, Florida Statutes.

SIGNATURE

AMADA CANTERA LOPEZ, PRES

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
LOPEZ-CANTERA, CARLOS C**
STREET ADDRESS **7401 N.W. 7TH ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **SD
LOPEZ-AGUIAR, CARLOS C**
STREET ADDRESS **1040 S.W. 1ST ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **VD
LOPEZ-AGUIAR, AMADA C**
STREET ADDRESS **1040 S.W. 1ST ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **TD
LOPEZ-CANTERA, AMADA**
STREET ADDRESS **1036 S.W. 1ST ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

CR2E034 (12/95)