

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 # M27729 (6)

1. Corporation Name

NEW CARIBBEAN, INC.



Principal Place of Business

1630 WEST 38 PLACE
1111 LINCOLN ROAD MALL, SUITE 802
HIALEAH FL 33012

Mailing Address

1630 WEST 38 PLACE
1111 LINCOLN ROAD MALL, SUITE 802
HIALEAH FL 33012

2. Principal Place of Business

21 1657 West 39th Place

Suite, Apt. #, etc.

22 City & State

23 Hialeah, Florida

24 33012-7014 25 USA

2a. Mailing Address

26 1657 West 39th Place

Suite, Apt. #, etc.

27 City & State

28 Hialeah, Florida

29 33012-7014 30 USA

3. Date Incorporated or Qualified

02/24/1986

3a. Date of Last Report

04/04/1995

4. FEI Number

59-2657914

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

9. Name and Address of Current Registered Agent

FEINGOLD, LAURENCE
1111 LINCOLN ROAD MALL
SUITE 802
MIAMI BEACH FL 33139

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 (Block 11) (Signature required when not state agent)

(Date) Registered Agent Signature required when not state agent

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE VAS
NAME DUNAEVSKY, DOV
STREET ADDRESS 1228 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH FL

TITLE VP
NAME RESNICK, JAMES
STREET ADDRESS 1228 ALTON ROAD
CITY-ST-ZIP MIAMI BCH FL

TITLE V
NAME GLUCK, MAURICIO
STREET ADDRESS 1630 W. 38 PLACE
CITY-ST-ZIP HIALEAH, FL 33012

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

☐ Change ☐ Addition

1.1 TITLE
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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

Mauricio Gluck, Vice President
Mauricio Gluck, Vice President

4/24/96
Date

3053624572
Daytime Phone #

CR2E034 (12/95)