

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:33

DOCUMENT # **M46126** (2)

1. Corporation Name
CARIBE HOMES CORP.

Principal Place of Business Mailing Address
14260 SW 119 AVE MIAMI FL 33186-6110 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/05/1987** 3a. Date of Last Report **02/15/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 26 City & State

23 Zip Country 28 Zip Country

24 **33186-6023** 25 29 **33186-6023** 30

4. FEI Number **59-2771491** 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
**MARTINEZ, EMILIO F.
725 VILABELLA AVE
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **14260 SW 119 AVE**
83
84 City **Miami** FL 85 Zip Code **33186**

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 agent 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 _____ DATE _____
Signature typed or printed (name of registered agent and date) required. (NOTE: Registered Agent signature required when reconstituted)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|----------------------|
| TITLE | DP |
| NAME | MARTINEZ, CARLOS E. |
| STREET ADDRESS | 14260 SW 119 AVE |
| CITY- ST- ZIP | MIAMI FL |
| TITLE | VP |
| NAME | MARTINEZ, MARIANA |
| STREET ADDRESS | 14260 SW 119 AVE |
| CITY- ST- ZIP | MIAMI FL |
| TITLE | D |
| NAME | MARTINEZ, EMILIO F. |
| STREET ADDRESS | 725 VILABELLA AVE |
| CITY- ST- ZIP | CORAL GABLES FL |
| TITLE | DVP |
| NAME | MARTINEZ, RAUL A. |
| STREET ADDRESS | 14260 SW 119 AVE |
| CITY- ST- ZIP | MIAMI FL |
| TITLE | AS |
| NAME | MARTINEZ, FERNANDO I |
| STREET ADDRESS | 14260 SW 119 AVE |
| CITY- ST- ZIP | MIAMI FL |
| TITLE | VP |
| NAME | MARTINEZ, EMILIO J |
| STREET ADDRESS | 14260 SW 119 AVE |
| CITY- ST- ZIP | MIAMI FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1. TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY- ST- ZIP | 33186-6023 |
| 7.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 7.2 NAME | |
| 7.3 STREET ADDRESS | |
| 7.4 CITY- ST- ZIP | 33186-6023 |
| 8.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8.2 NAME | |
| 8.3 STREET ADDRESS | 14260 SW 119 AVE |
| 8.4 CITY- ST- ZIP | Miami, FL 33186-6023 |
| 9.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 9.2 NAME | |
| 9.3 STREET ADDRESS | |
| 9.4 CITY- ST- ZIP | 33186-6023 |
| 10.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 10.2 NAME | |
| 10.3 STREET ADDRESS | |
| 10.4 CITY- ST- ZIP | 33186-6023 |

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 110.07(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 on the record 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 acknowledgment.

SIGNATURE: _____ DATE: **1-24-95** (305) 233-6774