

**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

APPROVED AND FILED

95 MAR 18 PM 5:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M46126 (2)**

1. Corporation Name  
**CARIBE HOMES CORP.**

Principal Place of Business Mailing Address  
**14260 SW 119 AVE MIAMI FL 33186-6023 US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/05/1987</b>	3a. Date of Last Report <b>02/14/1995</b>
21		26		4. FEI Number <b>59-2771491</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MARTINEZ, EMILIO F. 14260 SW 119 AVE MIAMI FL 33186</b>				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: *Emilio F. Martinez* DATE: **1-29-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, CARLOS E.			1.2 NAME			
STREET ADDRESS	14260 SW 119 AVE			1.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL			1.4 CITY-STATE-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, MARIANA			2.2 NAME			
STREET ADDRESS	14260 SW 119 AVE			2.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL			2.4 CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, EMILIO F.			3.2 NAME			
STREET ADDRESS	14260 SW 119 AVE			3.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL			3.4 CITY-STATE-ZIP			
TITLE	DVP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, RAUL A.			4.2 NAME			
STREET ADDRESS	14260 SW 119 AVE			4.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL			4.4 CITY-STATE-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, FERNANDO I			5.2 NAME			
STREET ADDRESS	14260 SW 119 AVE			5.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL			5.4 CITY-STATE-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, EMILIO J			6.2 NAME			
STREET ADDRESS	14260 SW 119 AVE			6.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL			6.4 CITY-STATE-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, if changed, or on an attachment with an address.

SIGNATURE: *Emilio F. Martinez* DATE: **1-29-96** (305) 233-6776

CR2E034 (12/95) PS 3/18/96