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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT Sandra B. Morth

STATE

Secretary of Stat DIVISION OF CORPORTIONS

DOCUMENT # M46126

CARIBE HOMES CORP.

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Jan 30	1998	8:00am							
Secre	tary o	of State							

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Principal Place of Business Mailing Address 14280 SW 119 AVE 14260 SW 119 AVE MIAMI FL 33186-6023 MIAMI FL 33186-6023 US US			,—		I INDIVIDUAL OIL DIEGO DIIGI BIDIO DIBIO DILLA DIBIO DIDI	1 4 1 8 1 1 8	ION DEBNI DIĐN IDAN		
		MIAMI FL 33186-6023	MIAMI FL 33186-6023			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	S SPACE		
2. P	rincipal Place of Business	2a. Mailing Address				02/05/1987 4. FEI Number		Applied For	
21		26				59-2771491	İ	Not Applicable	
22 22	Suite, Apt. #, etc. Suite, Apt. 12 27		. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
C 23	ity & State	City & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be	
Zi 24	р Сошntry 25	Z+p				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
	MARTINEZ, EMILIO F.			81	Name				
14260 SW 119 AVE MIAMI FL 33186			82	Street Addi	ess (P.O. Box Number is Not Acceptable)				
			ļ	83					
				84	City	FL	85	Zip Code	
11.	Pursuant to the provisions of Sections office or registered agent, or both, in the	607.0502 and 607.1508, Florida Statu	utes, the at	oove d hv	-named corp	poration submits this statement for the purpose of	d chan	ging its 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 and title if applicable (NOTE: Registered Agent algrature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 TITLE NAME MARTINEZ, CARLOS E. 1.2 NAME 14260 SW 119 AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE MARTINEZ, MARIANA NAME 2.2 NAME 14260 SW 119 AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3,1 TITLE __ Change ___ Addition NAME MARTINEZ, EMILIO F. STREET ADDRESS 14260 SW 119 AVE 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DVP DELETE Change Addition 4.1 TITLE NAME MARTINEZ, RAUL A. 4 2 NAME 14260 SW 119 AVE STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE MARTINEZ, FERNANDO I NAME 5.2 NAME STREET ADDRESS 14260 SW 119 AVE 5.3 STREET ADDRESS MIAMI FL City-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition MARTINEZ, EMILIO J 6.2 NAME 14260 SW 119 AVE 6.3 STREET ADDRESS STREET ADDRESS

14. I 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 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 on an attachment with an address.

64 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

MIAMI FL

1115/98

(305) 733-10776