Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90003 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

U.S. CAF	ribbean inter	NATIONAL INC.								
										Oli Bibli ibbi
Principal Place			Mailing Address							
7279 N.W. 12 ST. 7279 N.W. 12 ST. MIAMI FL 33126 MIAMI FL 33126										
MIAMI PL 33120	0	l	MIMMI FL SUIZO				DO NOT WRITE	IN THIS SI	PACE	
							3. Date Incorporated or Qualifed			
							02/20/1987			
2. Principal Pla	ace of Business	2	2a. Mailing Address				4, FEI Number		Арр	lied For
21		20	6				65-0035820			Applicable
Suite, Apt. 1	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired]	\$8.75 Ac	
City & State	9		City & State				6. Election Campaign Financing		\$5.00 1	May Be
23			8	<u> </u>			Trust Fund Contribution		Added to	Fees
Zip	Cour	ntry	Zip	Cou	ntry		8. This corporation owes the current			_
24	25	29	9	30			Personal Property Tax.			□No
	9. Name and Add	iress of Current Reg	gistered Agent		241.		10. Name and Address of New Reg	istered A	gent	——— —
- CITD	MDA IIRA				81 1	Name				ļ
	ira, jim) Sunset Drive, (CLUTE 105			82 5	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	MI FL 33173	30112 103			00					
MIMI	MI LE 25112				83					
	•				84 (City		FL	85 Zip C	ode
			1007 4508 Elvista Oct.		1.1		estion submits this statement for the nu		anging its r	egistered
11. Pursuant i office or re agent. I ar	to the provisions of Se egistered agent, or bo m familiar with, and a	ections 607.0502 and oth, in the State of Flo ocept the obligations	orida, Such change was a of, Section 607.0505, Flo	ies, the a iuthorized irida Stati	bove-national by the utes.	e corporation	ration submits this statement for the pun's board of directors. I hereby accept the	ne appointr	ment as reg	istered
-										
SIGNATURE	•									
SIGNATURE	Signature, typed or printed na			: Registered		gnature required		DATE AND	DIDECTOR	
12.		or registered agent and to	RECTORS	Registered	Agent sig	gnature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND		
12. TITLE	Р			13.	Agent sig	gnature required		ERS AND	DIRECTOR Change	RS IN 12
12. TITLE NAME	P PEREZ, VICTOR	OFFICERS AND DI	RECTORS	13. 1.1 TI	Agent sig			ERS AND		
12. TITLE NAME STREET ADDRESS	P PEREZ, VICTOR 9845 S.W. 222 S	OFFICERS AND DI	RECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	Agent signification	DDRESS		ERS AND		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, VICTOR 9845 S.W. 222 S MIAMI FL	OFFICERS AND DI	RECTORS DELETE	13. 1.1 Ti 1.2 N/ 1.3 Si 1.4 Ci	Agent significant	DDRESS		ERS AND	☐ Change	Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	P PEREZ, VICTOR 9845 S.W. 222 S MIAMI FL V	OFFICERS AND DI	RECTORS	13. 1.1 Ti 12 N/ 1.3 Si 1.4 Ci 2.1 Ti	Agent sig TLE AME TREET AD TY-ST-ZI	DDRESS		ERS AND		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P PEREZ, VICTOR 9845 S.W. 222 S MIAMI FL V PEREZ, ALMA	OFFICERS AND DI	RECTORS DELETE	13. 1.1 Ti 12 No 1.3 Si 1.4 Ci 2.1 Ti 2.2 No	Agent signification of the same of the sam	DDRESS IP		ERS AND	☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P PEREZ, VICTOR 9845 S.W. 222 S MIAMI FL V PEREZ, ALMA 9845 S.W. 222 S	OFFICERS AND DI	RECTORS DELETE	13. 1.1 Ti 12 Nv 1.3 S1 1.4 CI 2.1 Ti 2.2 Nv 2.3 SI	Agent significant and signific	DDRESS DDRESS		ERS AND	☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, VICTOR 9845 S.W. 222 S MIAMI FL V PEREZ, ALMA 9845 S.W. 222 S MIAMI FL	OFFICERS AND DI	RECTORS DELETE	13. 1.1 T/ 12 N/ 1.3 S1 1.4 CI 2.1 π 2.2 N/ 2.3 S1 2.4 C	Agent significant	DDRESS DDRESS	ADDITIONS/CHANGES TO OFFIC	ERS AND	☐ Change	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	P PEREZ, VICTOR 9845 S.W. 222 S MIAMI FL V PEREZ, ALMA 9845 S.W. 222 S MIAMI FL S CONTRERAS, JA 9844 SW 117TH	OFFICERS AND DI	RECTORS DELETE DELETE	13. 1.1 Ti 12 N/ 1.3 Si 1.4 Ci 2.1 Ti 2.2 N/ 2.3 Si 2.4 C 3.1 Ti 3.2 N/ 3.3 Si	Agent signature of the same of	DDRESS DDRESS DDRESS	ADDITIONS/CHANGES TO OFFIC	ERS AND	☐ Change	Addition Addition
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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 trusted 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 a address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGN OF LAW REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR