SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). Sep 05 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # N46035 CARIBBEAN CULTURAL COMMITTEE, INC. Mailing Address Principal Place of Business PO BOX 52332 PO BOX 52332 JACKSONVILLE FL 32201 JACKSONVILLE FL 32201 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 11/15/1991 04/25/1996 4. FEI Number NOT APPLICABLE Principal Place of Business Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5,00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MALONEY, PETRONELLA 82 Street Address (P.O. Box Number is Not Acceptable) 4777 DOVETAIL DR E JACKSONVILLE FL 32257 83 64 City Zip Code 3225 Pursuant to the provisions of Sections 617,0502 and 617,1508, 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 617.0503, Florida Statutes. Residen 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PID DELETE TITLE 1.1 TITLE MALONEY, PETONELLA NAME 1.2 NAME 4777 DOVETAIL DR E STREET ADORESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE res. (VD) COLON, FELIX NAME 2.2 NAME HONY Edwards 5372 GREY HERIN LANE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 31 TITLE COLON, EVELYN NAME 3.2 NAME 5372 GREY HERON LANE STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE Change l ag Addition 4.1 TITLE Felix Colon NAME 4.2 NAME \$372 GRAY HERON LA 4.3 STREET ADDRESS STREET ADDRESS JACKSONU: ILL, 71. 32257 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition THILE 5.1 TITLE Edwards Ocal-Riz 5.2 NAME NAME 7228 Zapata Da. STREET ADDRESS **5.3 STREET ADDRESS** DISSE . IF , SILVER CALL 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE Change Addition | TITLE 6.1 TITLE 50 Evelyn Cobn NAME 6.2 NAME 5372 GRAY HERON LN STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name

F.S. /als.

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

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74. 32257