FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000002151 (9)**

1. Corporate Name

CARIBBEAN CONNECTION CULTURAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 170762 HIALEAH FL 33017	P.O. BOX 170762 HIALEAH FL 33017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/11/1993**
3a. Date of Last Report: **08/17/1994**

4. FEI Number: ~~APPLIED FOR~~ 65-0519185 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANDREWS, MICHAEL
17836 NW 63RD CT.
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name: MICHAEL ANDREWS
82 Street Address (P.O. Box Number is Not Acceptable): 17836 NW 63 CT
83
84 City: Miami FL 85 Zip Code: 33015

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 [illegible] (Name of Registered Agent Typed or Printed Here) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	STD	11 TITLE	☒ Change ☐ Addition STD
NAME	ANDREWS, MIKE	12 NAME	ANDREWS, MICHAEL (Added)
STREET ADDRESS	17836 NW 63RD CT	13 STREET ADDRESS	17836 NW 63 CT
CITY ST ZIP	MIAMI FL 33169	14 CITY ST ZIP	MIAMI FL 33015
TITLE	D	21 TITLE	☒ Change ☐ Addition D
NAME	CAMEJO, OREN	22 NAME	BRYAN, ANTHONY T.
STREET ADDRESS	14650 BULL RUN ROAD, SUITE 130	23 STREET ADDRESS	10791 SW 107 TH
CITY ST ZIP	MIAMI LAKES FL 33014	24 CITY ST ZIP	MIAMI FL 33176
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ST. LOUIS, SEAN	32 NAME	
STREET ADDRESS	17405 S.W. 107TH COURT	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33169	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CAMEJO, OREN	42 NAME	
STREET ADDRESS	14650 BULL RUN ROAD, #130	43 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL 33014	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ST. LOUIS, SEAN	52 NAME	
STREET ADDRESS	17405 S.W. 107TH COURT	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33157	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Michael Andrews 4/20/95 305-887-3422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037606