04151999-90160-024-$73.75-$73.75

FILED
Apr 15, 1999 8:00 am
Secretary of State
04-15-1999 90160 024 ****73.75

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006467

1. Corporation Name
CARIBBEAN UNITED, INC.

450273 - 90238 - 36

Principal Place of Business	Mailing Address
17143 NW 10 ST.	17143 NW 10 ST.
PEMBROKE PINES FL 33028	PEMBROKE PINES FL 33028

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/14/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0795851 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAHABIR, HAROLD 17143 NW 10 ST. PEMBROKE PINES FL 33028	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 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MAHABIR, HAROLD	1.2 NAME	
STREET ADDRESS	17143 NW 10 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	1.4 CITY-ST-ZIP	
TITLE	VPD ☑ DELETE	2.1 TITLE	Executive Member ☐ Change ☑ Addition
NAME	NEPTUNE, DAVID D	2.2 NAME	Carolyn Ehrhardt
STREET ADDRESS	8901 NW 88TH TERR	2.3 STREET ADDRESS	2525 Lucille Drive
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	Ft. lauderdale, FL. 33316
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FINLAYSON, SUZETTE	3.2 NAME	
STREET ADDRESS	8004 SW 133 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	3.4 CITY-ST-ZIP	
TITLE	T ☑ DELETE	4.1 TITLE	Trustee ☐ Change ☑ Addition
NAME	CAMPBELL, MAUREEN E	4.2 NAME	Sat Chinapen
STREET ADDRESS	21151 NE 2 AVE.	4.3 STREET ADDRESS	4145 Eastridge Circle
CITY-ST-ZIP	MIAMI FL 33179-1002	4.4 CITY-ST-ZIP	Pompano Bch. Fl. 33064
TITLE	T ☑ DELETE	5.1 TITLE	Trustee ☐ Change ☑ Addition
NAME	BISWITO, DANNY	5.2 NAME	Jerry Sookdeo
STREET ADDRESS	9620 SW 118TH PLACE	5.3 STREET ADDRESS	725 S. Rainbow Dr.
CITY-ST-ZIP	MIAMI FL 33186	5.4 CITY-ST-ZIP	Hollywood, Fl. 33302
TITLE	SD ☑ DELETE	6.1 TITLE	Trustee ☐ Change ☑ Addition
NAME	ANTONS, GREG	6.2 NAME	Jennifer George
STREET ADDRESS	12100 SW 112 AVE	6.3 STREET ADDRESS	2721 Rhone Way
CITY-ST-ZIP	MIAMI FL 33176	6.4 CITY-ST-ZIP	Miramar FL. 33025

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Harold Mahabir (Pres) 4/12/99 (954) 438-7514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)