

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90204 001 ***150.00
05-07-2002 90204 002 *****8.75

DOCUMENT # P01000076668

1. Entity Name

CARIBBEAN CADESCO, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12550 Biscayne Blvd

3. Mailing Address

P.O. Box 800935

Suite, Apt. #, etc.

STE 500

Suite, Apt. #, etc.

City & State

Miami FL

City & State

AVENTURA FL

Zip

33181

Country

USA

Zip

33280

Country

USA

4. FEI Number

651132470

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARINES LARRAZABAL

Street Address (P.O. Box Number is Not Acceptable)

CARIBBEAN CADESCO, INC

12550 Biscayne Blvd Ste 500

City

Miami

FL

Zip Code

33181

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Maries Larrazabal

MARINES LARRAZABAL

4/27/02

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VP SALES AND OPERATIONS (VP)
NAME MARINES LARRAZABAL
STREET ADDRESS 19601 E COUNTRY CLUB DR AP 101
CITY-ST-ZIP Aventura FL 33180

TITLE PRESIDENT (P)
NAME Eduardo E. LARRAZABAL
STREET ADDRESS Urb LA Soledad #19 Ave Principal
CITY-ST-ZIP MARACAY - ARAGUA VENEZUELA

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CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maries Larrazabal MARINES LARRAZABAL

4/27/02 (305) 935-6967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #