FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P34734** **(4)**

1. Corporation Name
TURNER CARIBE, INC.

Principal Place of Business	Mailing Address
B-5 CAMINO ALEJANDRINO VILLA CLEMENTINA GUAYNABO PR 00970-0005	375 HUDSON ST. VILLA CLEMENTINA NEW YORK NY 10014 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/18/1991**
3a. Date of Last Report: **01/25/1994**

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

4. FEI Number: **65-0042429** ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCOB	1.1 TITLE	CPD	☒ Change ☐ Addition
NAME	VUMBACCO, JOSEPH V.	1.2 NAME		
STREET ADDRESS	C/O THE TURNER CORP. 375 HUDSON ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	V	☒ Change ☐ Addition
NAME	SMITH, MICHAEL B. C/O	2.2 NAME	Robert S. Mann	
STREET ADDRESS	2333 PONCE DE LEON BLVD.	2.3 STREET ADDRESS	B-5 Camino Alejandrino	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Villa Clementina Guaynabo, PR 00969	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	BECK, RALPH C/O THE	3.2 NAME	Sara J. Goza	
STREET ADDRESS	375 HUDSON ST.	3.3 STREET ADDRESS	375 Hudson St	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York, NY 10014	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	SLEEMAN, DONALD G	4.2 NAME		
STREET ADDRESS	375 HUDSON ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE	V	☒ Change ☐ Addition
NAME	CRUZ, JAIME C/O TURN I	5.2 NAME	Ralph W. Johnson	
STREET ADDRESS	B-5 CAMINO ALEJANDRINO VILLA CLEMENTINA	5.3 STREET ADDRESS	375 Hudson St	
CITY-ST-ZIP	GUARNABO PR	5.4 CITY-ST-ZIP	New York, NY 10014	
TITLE	VP	6.1 TITLE	V	☒ Change ☐ Addition
NAME	RASCHE, JAMES C/O TURN	6.2 NAME	A. Thomas Field	
STREET ADDRESS	2333 PONCE DE LEON BLVD.	6.3 STREET ADDRESS	2500 SW Third Ave	
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	Miami, Fl 33129	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald G. Sleeman 4/24/95 (212) 229-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0366701 FP