

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90114 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P34734

1. Corporation Name
TURNER CARIBE, INC.



Principal Place of Business
**B-5 CAMINO ALEJANDRINO
VILLA CLEMENTINA
GUAYNABO PR 00970-0005**

Mailing Address
**375 HUDSON ST.
NEW YORK NY 10014
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/18/1991

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE
NAME **BETTS, JOHN A**
STREET ADDRESS **B-5 CAMINO ALEJANDRINO, VILLA CLEMENTINA**
CITY-STATE-ZIP **GUAYNABO 00970**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **CPD** ☐ DELETE
NAME **PARMELEE, HAROLD J**
STREET ADDRESS **375 HUDSON ST.**
CITY-STATE-ZIP **NEW YORK NY 10014**

2.1 TITLE **DP** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **S** ☐ DELETE
NAME **GOZO, SARA J.**
STREET ADDRESS **375 HUDSON ST.**
CITY-STATE-ZIP **NEW YORK NY 10014**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE **T** ☐ DELETE
NAME **SLEEMAN, DONALD G**
STREET ADDRESS **375 HUDSON ST**
CITY-STATE-ZIP **NEW YORK NY 10014**

4.1 TITLE **CFO** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **GRAVETTE, ELLIS T JR**
STREET ADDRESS **375 HUDSON STREET**
CITY-STATE-ZIP **NEW YORK NY 10014**

5.1 TITLE **TREASURER** ☐ Change ☒ Addition
5.2 NAME **ALEXANDER ANDREW S.**
5.3 STREET ADDRESS **375 HUDSON STREET**
5.4 CITY-STATE-ZIP **New York, NY 10014**

TITLE **V** ☒ DELETE
NAME **FIELD, R. T**
STREET ADDRESS **2500 SW THIRD AVE**
CITY-STATE-ZIP **MIAMI FL 33129**

6.1 TITLE **CPD** ☐ Change ☒ Addition
6.2 NAME **FEE, ROBERT E.**
6.3 STREET ADDRESS **375 HUDSON ST.**
6.4 CITY-STATE-ZIP **New York, NY 10014**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99
Date

(212) 229-6000
Daytime Phone #

CR2E034 (11/98)