

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000005398 (2)

1. Corporation Name

CARIBBEAN TOWERS, INC.



Principal Place of Business

Mailing Address

% ROBERT G. GORDON
7545 E TREASURE DR
NORTH BAY VILLAGE FL 33141

% ROBERT G. GORDON
7545 E TREASURE DR
NORTH BAY VILLAGE FL 33141

3. Date Incorporated or Qualified

11/13/1992

3a. Date of Last Report

12/29/1995

4. FEI Number

65-0373625

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 c/o Robert G. Gordon, Pr.

22 City & State

27 350 Royal Palm Way

23 Zip Country

28 Palm Beach, FL
29 33480 30 Country

9. Name and Address of Current Registered Agent

GORDON, LEE B.
350 ROYAL PALM WAY
PALM BEACH FL 33480

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

Signature typed for party. Initials of registered agent and board applicable.

(NOTE: Registered Agent signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST
NAME GORDON, ROBERT G
STREET ADDRESS 350 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D
NAME GORDON, ROBERT G
STREET ADDRESS 350 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(k), Florida Statutes. I further certify that the information included 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 Blocks 13, unchanged, or on an attachment with an address.

SIGNATURE:

Robert G. Gordon, President

8/6/96

561-833-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (3/96)