

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

1995 APR 28 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P93000023384 (9)

1. Corporation Name
CLARIBEL CORP.

Principal Place of Business

8777 COLLINS AVE
APT 212
MIAMI BCH FL 33154
US

Mailing Address

8777 COLLINS AVE
APT 212
MIAMI BCH FL 33154
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/29/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0485153

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

2. Principal Place of Business

21 1036 S.W. 1 ST.

2a. Mailing Address

26 Suite, Apt. #, etc

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

City & State

23 MIAMI FLA.

City & State

28

Zip

24 33130

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MARIN, EVAN R
48 EAST FLAGLER ST.
PENTHOUSE 104
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
FLORIDA ANNUAL REPORT SERVICES INC.

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

1036 S.W. 1 ST.

83

84 City

MIAMI

FL

85 Zip Code

33130

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

AMADA C. LOPEZ, PRES

4/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORIAN, CLARA
STREET ADDRESS	8777 COLLINS AVE APT 212
CITY ST ZIP	MIAMI BCH FL
TITLE	D
NAME	MORIAN, YAKO
STREET ADDRESS	8777 COLLINS AVE APT 212
CITY ST ZIP	MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	300001472083
2.3 STREET ADDRESS	-05/02/95--01163--024
2.4 CITY ST ZIP	***200.00 ***200.00
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YAKO MORIAN

4/95

Notary Public