

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

FILED
Jan 23, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



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

01-23-1999 90002 035 ****150.00

DOCUMENT # P93000028404

1. Corporation Name
CARIBE EXPORT & IMPORT, INC.



Principal Place of Business
13367 S.W. 42 STREET MIAMI FL 33183

Mailing Address
13367 S.W. 42 STREET MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 [] 22 Suite, Apt. #, etc. [] 23 City & State [] 24 Zip [] 25 Country []

2a. Mailing Address
 26 [] 27 Suite, Apt. #, etc. [] 28 City & State [] 29 Zip [] 30 Country []

3. Date Incorporated or Qualified
04/16/1993

4. FEI Number
65-0536887

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

9. Name and Address of Current Registered Agent
**ARCE, BEIMAN
 6231 S.W. 128TH COURT
 MIAMI FL 33183**

10. Name and Address of New Registered Agent
 81 Name []
 82 Street Address (P.O. Box Number is Not Acceptable) []
 83 []
 84 City [] 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 reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	ARCE, BEIMAN
STREET ADDRESS	6231 S.W. 128TH COURT
CITY-ST-ZIP	MIAMI FL 33183
TITLE	VSD <input type="checkbox"/> DELETE
NAME	LIRIANO, ORLANDO
STREET ADDRESS	6231 S.W. 128TH COURT
CITY-ST-ZIP	MIAMI FL 33183
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: BO SIGNATURE REQUIRED 1/6/99 305-220-2545
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)