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

PROFIT CORPORATION ' ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000035797

CARIB PRINT, INC. - C.P.I. EXPORT & IMPORT

Principal Plac	ce of Business	ма	iling Address								
1411 NW 54TH			1 NW 54TH AVE IDERHILL FL 33313								
		_						DO NOT W	RITE IN THIS	SPACE	
ļ							3.	Date Incorporated or Qualif	ed		
,								05/18/1993			•
2. Principal P	Place of Business	2a.	Mailing Address				4.	FEI Number		$\overline{}$	Applied For
21	•	26						65-0508578			Not Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			_ ,			-	\$8.7	5 Additional
22		27					5.	Certifcate of Status Desired	ı 🗆	• -	Required
City & Stat	te		City & State				6.	Election Campaign Financin	na	\$5.0	0 May Be
23		28						Trust Fund Contribution	a 🗆	-	ed to Fees
Zip	Country	`   ' .	Zip	Cou	untry		8.	This corporation owes the c	current vear Int	angible	
24	25	29		30				Personal Property Tax.	·-·· ,··	Yes	□No
	9. Name and Address of Curre	nt Regist	ered Agent		1		10.	Name and Address of New	w Registered	Agent	
		JH J "	11.5		81	Name				•	
	TH, WINSTON E		•			<u> </u>					
USB1416	1 NW 54TH AVE	100	` <del>.</del>		82	Street Addr	ess (P	O. Box Number is Not Acce	eptable)		
LAU	IDERHILL FL 33313				83			100 mm 1			1 PH 1 P
									· 推销。这是		
					84	City	,		FL	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.050	02 and 60	7.1508, Florida Sta	itutes, the a	bove	-named corpo	oration	submits this statement for t	the purpose of	changing	its registered
l office or r	registered agent, or both, in the State am familiar with, and accept the obliga	e of Florida	a. Such change wa	s authorized	d by 1	the corporatio	on's bo	pard of directors. I hereby ac	cept the appoi	ntment as	registered
SIGNATURE	44 2 0 2 4 4										
	Signature, typed or printed name of registered age				d Agent	t signature required		einstating)	DATE		
12.	OFFICERS AF		CTORS	13.		t signature required		ADDITIONS/CHANGES TO			
12.	OFFICERS AF			13. 1.1 TI	TLE	t signature required				ID DIREC	
12.	OFFICERS AF DPT SMITH, WINSTON E		CTORS	13.	TLE	t signature required		ADDITIONS/CHANGES TO			
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	DPT SMITH, WINSTON E 1411 NW 54TH AVE LAUDERHILL FL 33313 DVS MARSHALL, DONALD 1411 NW 54TH AVE LAUDERHILL FL		DELETE DELETE	13. 1.1 TI 1.2 N 1.3 S' 1.4 CC 2.1 TI 2.2 N 2.3 S' 2.4 C 3.1 TI 3.2 N 3.3 S' 3.4 C 4.1 TT 4.2 N 4.3 S' 4.4 CI 5.1 TT 5.2 N/ 5.3 S' 5.3 S' 5.4 C	TILE  AME  TREET  TILE  AME  TREET  TILE  AME  TREET  TILE  AME  TREET  TILE  AME  TY-ST  TLE  AME  TREET  TLE  TY-ST  TLE  TY-ST  TLE  TY-ST  TLE  TY-ST  TLE  TY-ST  TLE  TY-ST  TLE	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 2IP  ADDRESS		ADDITIONS/CHANGES TO		Chang	e Addition  Addition  Addition  Addition

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 applemental 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:

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90068 018 \*\*\*150.00

CR2E034 (11/98)