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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000039892 (3)

CARIBE LAND COMPANY

Principal Place of Business Mailing Address 14260 SW 119 AVE 14260 SW 119 AVE MIAMI FL 33166 MIAMI FL 33166-6023								
MINIMI (E 00)	•	minmi / E 90100 00E0			Date incorporated or Qualified 06/04/1993	3a. Date o		oort
2. Principal F	Place of Business	2a. Mailing Address 26	**		4. FEI Number 65-0420889			lied For Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$	\$8.75 Additional Fee Required	
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 M Added to	
7ip	Country 25	Z(p 29	Country 30	'	8. This corporation has liability for Florida Statutes	intangible tax Yes 🔯 N		199.032,
9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Age	nt	
	rtinez, emilio f		81	Name		···		
	260 SW 119 AVE AMI FL 33186		62	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)		
	HII 7 & 44 144		83		#70, #5, #89 - \$1, - \$14, 1844, 1844, 1844, 1844, 1844, 1844, 1844, 1844, 1844, 1844, 1844, 1844, 1844, 1844,			
			84	City		FL	5 Zip Co	ode
office or agent. I a SIGNATURE	registered agent, or both, in the other arm familiar with and accept the but supported agreement the but supported agreement the but supported agreement agr	July 1			coration submits this statement for the join's board of directors. I hereby acce	pt the appoint	ment as re	agistered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE			
HILE	STD	☐ DELETE	1.1 TITLE			Ш	Change	Addition
NAME	MARTINEZ, EMILIO F		1.2 NAME					
STREET ADDRESS	MANAGE CI		1.3 STREET					
CITY-ST-ZIP	P MAMIFL	DELETE	1.4 CITY - S	T-ZIP			Channa	Addition
TITLE	MARTINEZ, CARLOS E	<u></u> ∪ טנננונ	2.1 TITLE			ليا	Change	Addition
NAME NAME	44000 000 440 835		2.2 NAME	1000000				
STREET ADDRESS	MIAMI FL		2.3 STREET 2. 4 City-					
TITLE	V	☐ DELETE	3.1 TITLE	OI-TIF		П	Change	Addition
NAME	MARTINEZ, RAUL A	A	3.2 NAME			_		
STREET ADDRESS	14260 SW 119 AVE		3.3 STREET	ADDRESS				
CITY - ST - ZIP	MIAMI FL		3.4. CITY-					
TITLE	T V	DELETE	4.1 TITLE				Change	Addition
NAME	MARTINEZ, EMILIO J		4. 2 NAME					
STREET ADDRESS	14260 SW 119 AVE		4.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CITY - S	ST- Z IP				
TITLE	AST	DELETE	5.1 TITLE				Change	Addition
NAME	MARTINEZ, FERNANDO I		5.2 NAME					
STREET ADDRESS			5 3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		5.4 City-5	ST-Z#P				
TITLE		DELETE	61 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 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 trust an annual report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

I am an officer or director of the corporappears in Block 12 or Block 13 if char

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED

305/233-6776

FILED

Feb 05 1997 8:00am

Secretary of State