

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000046364 (4)**

1. Corporation Name

**CARIBBEAN TRADING II, INC.**

Principal Place of Business

Mailing Address

**321 NE 59 TERR  
MIAMI FL 33137**

**321 NE 59 TERR  
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/25/1993**

3a. Date of Last Report

**08/08/1994**

4. FEI Number

**65-0322683**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 198.039

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLTZMAN, KATHRYN**

**1029 CORDOVA RD - 319 SE 14 Street  
FT LAUDERDALE FL 33316**

81 Name

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

**319 SE 14 ST -**

**Ft Lauderdale**

84 City

**FL**

85

Zip Code

**33316**

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 of Agent or person having authority to sign for corporation

Signature of Registered Agent (signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                         |
|----------------|-------------------------|
| TITLE          | <b>PVST</b>             |
| NAME           | <b>WILSON, DONALD E</b> |
| STREET ADDRESS | <b>321 NE 59 TERR</b>   |
| CITY, ST, ZIP  | <b>MIAMI FL 33137</b>   |
| TITLE          | <b>D</b>                |
| NAME           | <b>WILSON, DONALD E</b> |
| STREET ADDRESS | <b>321 NE 59 TERR</b>   |
| CITY, ST, ZIP  | <b>MIAMI FL 33137</b>   |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY, ST, ZIP  |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY, ST, ZIP  |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY, ST, ZIP  |                         |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this report is true and correct and does not qualify for the exemption stated in Section 3.19 (37C306) Florida Statutes. I further certify that the information supplied on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person in position empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an addition to this report.

**SIGNATURE:**

Signature of Agent or person having authority to sign for corporation

DATE

Signature of Agent