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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

P93000050982 (6)

CARIBBEAN PACIFIC INTERNATIONAL INC.

FILED May 01 1996 8:00 am Secretary of State

| Principal Place of Business 1308 ROSE BLVD. SUITE E ORLANDO FL 32839 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 | | Mailing Address 1308 ROSE BLVD. SUITE E ORLANDO FL 32839 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 | | | 3. Date incorporated or Qualified 07/15/1993 08/31/1995 4. FEI Number Applied For 59-3194138 Not Applied For 59-3194138 Not Applied For 59-Gentificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| Ζφ 24 | Country 25 | 7 _{ip} | Gountr 30 | <i>'</i> | 8. This corporation has liability for in Florida Statutes Yes | | er s. 199.032, |
| | 9. Name and Address of Current | | | | 10. Name and Address of New R | | |
| | | | 81 | Name | IV. TIME ON POURSS OF HEW D | Anareted Wilell | |
| MASC | MASCARA, ERNEST L | | | Chro-1 A | days (D.O. Roy N. myless a Net Assessed | -1 | |
| | ES BLDG., SUITE 303 | | 182 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 877 E | XECUTIVE CENTER DRIVE WEST | | 83 | | | | |
| ST. P | ETERSBURG FL 33702 | | 84 | City | | — 85 | Zip Code |
| 44 0 | 10 | | | 1 | | | |
| | | | | named corpo poration's bo | oration submits this statement for the purpard of directors. Thereby accept the appo | cose of changing | its registered office |
| rairilliar W | ith, and accept the obligations of, Section | on 607.0505, Florida Statul | les | | | aritherit do region | orco agent. Fam |
| SIGNATURE | Signature, typed or printed name of regularized agent a | ar it broom track for its | NOTE Projection LAG | | | | |
| 12. | OFFICERS AND | | 13. | n signerore rector | ADDITIONS/CHANGES TO OFFI | DATE CERS AND DIRE | CTORS IN 12 |
| TITLE | PD | ☐ DELETE | 1 1 TITLE | | | | nge Addition |
| NAME | FLEISHER, CHRIS | | 1.2 NAME | ! | | | _ |
| STREET ADDRESS | 1308 ROSE BLVD. STE. E | | 13STREE | ADDRESS | | | |
| CITY -ST - ZIP | ORLANDO FL 32839 | | 1.4 C-TY - 1 | ST - ZiP | | | |
| TIFLE | VD | DELETE | 2 1 TiTLE | | | □ Char | ige 🔲 Addition |
| NAME | HAMNER, BOB | | 2.2 NAME | | _ | ,, | |
| STREET ADDRESS | 13087 ROSE BLVD. STE. E | | 2 3 STREE | ADDRESS | 1308 Rase Blv | એ | |
| CITY -ST - ZIP | ORLANDO FL 32839 | | 2 4 CiTy - 5 | ST ZIF | | | |
| TITLE | | DELETE | 3 1 7111.6 | | D | Char | nge 🔲 Addition |
| NAME | 1 | | 3.2 NAME | | Russell Teal | | |
| STREET ADORESS | | | | 1 ADDRESS | lif Sungrown | | |
| CITY - ST - ZIF TITLE | | Delete | 3 4 CITY - 5 | ST- ZIP | Russell Teal HB Suggrown Marathon, FL 33 | 070 | |
| | | ☐ DELETE | 4 1 îii; f | | D | Char | ige 🛕 Addition |
| NAME CINCEL ADDRESS | | | 4.2 NAME | (| Billy Capps | | |
| STREET ADDRESS | | | | ADDRESS C | 10 1308 Rose- Blu Ox Lindo, FL 328 | d suite | e t |
| CITY - ST - ZIP TITLE | | DELETE | 4.4 CISY - S | II - Zlir | 0x kinde, FL 328 | 39 | |
| NAME | | | 5 1 111LF | | | 1 🗀 Char | nge 🔲 Addition |
| STREET ADDRESS | | | 5.2 NAME | ADDDEGO. | | | |
| CITY-ST-ZIP | | | 5.3 STREET | 1 | | | |
| TITLE | | DELETÉ | 5.4 C(TY-S | 1 - ZIP | ····· | | nan [TT] Asserta |
| NAME | | F'I occess | € 1 TiTLE | | | ☐ Char | nge 🗌 Addition |
| STREET ADDRESS | | | 6.2 NAME 6.3 STREET | 45000 C2 | | | |
| ATTREE VENEZOO | , | | | AND DROPENS T | | | |
| CITY - ST - ZIP | | | 6 4 CITY - S | | | | |

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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 407-888-2100