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

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P93000070089

1. Corporation Name

CARIBE FILMS, INC.

Principal Place of Business	Mailing Address
14490 SW 71 LANE MIAMI FL 33183-2134 US	PO BOX 161923 MIAMI FL 33116-1923 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed	
10/01/1993	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3205036	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22	27	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

City & State	City & State	
23	28	6. Election Campaign Financing ☐ **$5.00** May Be Trust Fund Contribution Added to Fees

Zip	Country	Zip	Country	
24	25	29	30	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAVINON, ARTURO J 14490 S.W. 71 LANE ~~STE 260~~ MIAMI FL 33183	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 ✱ 84 City FL 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 *(signature)* Arturo J. Savinon - President   DATE 2-16-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **SAVINON, ARTURO J**		1.2 NAME	
STREET ADDRESS **14490 SW 71 LN**		1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33183-2134**		1.4 CITY-ST-ZIP	
TITLE **VP**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **SMITH, ROBERT J**		2.2 NAME	
STREET ADDRESS **10301 LEXINGTON ESTATE BLVD**		2.3 STREET ADDRESS	
CITY-ST-ZIP **BOCA RATON FL 33428**		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: *(signature)* Arturo J. Savinon   2/16/99   (305) 380-1738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #