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

Mailing Address

3123 NW 73RD ST

HS

MIAMI FL 33147-5947

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

3123 NW 73RD ST

MIAMI FL 33147



ELORIDA DEPARTMENT DE STATE

FILED

Feb 10 1997 8:00am

Secretary of State

(96/6)

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000078335 (5)**

CARIBBEAN INVESTMENTS CORP.

information indicated on this annual report or sup I am an officer or director of the corporation o appears in Block 12 or Block 13 if changed

SIGNATURE:

3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 11/12/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0451818 Not Applicable 21 26 Suite Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KLEIN, BRENT DE **8014 BRICKELL AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) SUYITE 1901 **MIAMI FL 33131** 83 84 City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change . Addition TITLE 1.1 TITLE ARMENGOL, MIGUEL G 1.2 NAME NAME 3123 HW 73\_RD STREET 7500 WEST 18TH LANE 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33014 1.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TIFLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS CHTY- ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY - ST - ZIP DELETE Change Addition 4171118 THEF 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZiP CITY-ST-ZP DELETE Change Addition 5.1 TITLE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY (ST-7)? Africting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the empty and accurate and that my signature shall have the same legal effect as if made under oath; that we go trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied with

nment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TECURED