FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL -7 AM 8:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000083076 (8)**

1. Corporation Name
CARIBBEAN SEA PRODUCTS, INC.

Principal Place of Business	Mailing Address
16663 N.E. 19TH AVE. N. MIAMI BEACH FL 33162	16663 N.E. 19TH AVE. N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/29/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26 NEW ADDRESS
22 Suite, Apt. No. NEW ADDRESS MAX M. HAGEN,	27 Suite, Apt. No. 3990 SHERIDAN ST. #104
23 City & State 3990 SHERIDAN ST. #104 HOLLYWOOD, FL 33021	28 City & State HOLLYWOOD, FL 33021
24 Zip	25 Country
29 Zip	30 Country

4. FEI Number: 65-0140940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAGEN, MAX M 16663 N.E. 19TH AVE. N. MIAMI BEACH FL 33162	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) NEW ADDRESS 83 MAX M. HAGEN, 3990 SHERIDAN ST. #104 84 City HOLLYWOOD, FL 33021 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 _____ DATE
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	PD	1.1 TITLE	Treasurer	☒ Change ☒ Addition
NAME	VIAMONTE, HECTOR	1.2 NAME		
STREET ADDRESS	16663 N.E. 19TH AVE.	1.3 STREET ADDRESS	3990 Sheridan St. Suite 104	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	1.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	VP/S/D	2.1 TITLE		☐ Change ☒ Addition
NAME	Jose Alvarez	2.2 NAME		
STREET ADDRESS	3990 Sheridan St., Suite 104	2.3 STREET ADDRESS		
CITY-ST-ZIP	Hollywood, FL 33021	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: Hector Viamonte PRS 1/24/95 (305) 987-0515
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0178150 CP