

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

FILED  
Mar 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000009510 (6)

1. Corporation Name

CARIBBEAN CAPITAL CORPORATION

Principal Place of Business

1100 MANDARIN ISLE  
FORT LAUDERDALE FL 33315

Mailing Address

1100 MANDARIN ISLE  
FORT LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1994

4. FEI Number

65-0477603

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 801 N. Andrews Ave  
Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale FL

Zip

24 33311

Country

25 US

2a. Mailing Address

26 801 N. Andrews Ave  
Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale FL

Zip

29 33311

Country

30 US

9. Name and Address of Current Registered Agent

SERRATT, OLEN H.  
1100 MANDARIN ISLE  
FORT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name

Serratt, Olen H

82

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

801 N. Andrews Ave

83

84

City Ft. Lauderdale

FL

85 Zip Code

33311

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

Olen Serratt

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/98

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SERRATT, OLEN H  
STREET ADDRESS 1100 MANDARIN ISLE  
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE V  
NAME COOPER, JOE  
STREET ADDRESS P O BOX 1204 NA  
CITY-ST-ZIP SALIDA CO

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 801 N. Andrews Ave  
1.4 CITY-ST-ZIP Ft. Lauderdale FL 33311

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Olen Serratt

3/6/98

954 525 0157

CR2E034 (10/97)