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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400009510

1. Corporation Name

CARIBBE	AN CAPITAL CORPORATION	ON										
							4					
Principal Place	e of Business		ling Address									
801 N ANDREWS AVE 801 N ANDREWS AVE								•				
FORT LAUDERDALE FL 33311 US FORT LAUDERDALE FL 33311 US				3311				DO NOT WRITE IN THIS SPACE				
03		03					3. [Date Incorporated or Qualif	ed			
								01/31/1994				
2 Principal Pl	lace of Business	2a.	Mailing Address					FEI Number			Applied For	
21	acc of Eddinoso	26	-				1 (65-0477603			Not Applicable	
Suite, Apt. i	#. etc.		Suite, Apt. #, etc.							\$8.7	5 Additional	
22	,	27					5.	Certifcate of Status Desired	1 <u> </u>	Fee	Required	
City & State	e		City & State				6.	Election Campaign Financi	ng 🗆	\$5.0	0 May Be	
23		28						Trust Fund Contribution		Adde	ed to Fees	
Zıp	Country		Zip	Cou	ntry		8. 1	This corporation owes the o	current year			
24	25	29		30				Personal Property Tax.		Yes	No	
	9. Name and Address of Curre	ent Regist	ered Agent				10.	Name and Address of Ne	w Registere	ed Agent		
0 End	DATE OFFICE				81	Name						
	RATT, OLEN H.				82	Street Addre	ess (P.	O. Box Number is Not Acce	eptable)			
	N ANDREWS AVE											
FUR	T LAUDERDALE FL 33311				83							
					84	City				. 85 Z	ip Code	
									<u>F</u>		ita namiatawa d	
11. Pursuant to office or reagent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	502 and 60 se of Florida gations of, s	l7.1508, Florida Statu a. Such change was a Section 607.0505, Flo	ites, the at authorized orida Statu	by thates.	named corpo he corporation	oration ก's boa	ard of directors. I hereby ac	ccept the app	pointment as	registered	
SIGNATURE												
	Claustics, hand as printed name of regulared 20	nent and title if	applicable (NOT	F: Registered	Agent s	signature required	when rei	instating)	DATE			
	Signature, typed or printed name of registered ag			E: Registered	Agent s	signature required				AND DIREC	TORS IN 12	
12.	OFFICERS A					signature required		instating) DDITIONS/CHANGES TO		AND DIREC		
12. TITLE	OFFICERS A		TORS	13.	LE	signature required						
12. TITLE NAME	OFFICERS A D SERRATT, OLEN H		TORS	13. 11TI7 1.2 NA	le Me	aignature required						
12. TITLE NAME STREET ADDRESS	OFFICERS A D SERRATT, OLEN H 801 N ANDREWS AVE	AND DIREC	TORS	13. 11 TO 1.2 NA 1.3 ST	LE ME REET A	ADDRESS						
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D SERRATT, OLEN H	AND DIREC	TORS	13. 11 TO 1.2 NA 1.3 ST	LE ME REET A	ADDRESS					ge Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D SERRATT, OLEN H 801 N ANDREWS AVE FORT LAUDERDALE FL 3331	AND DIREC	CTORS DELETE	13. 11 TIV 1.2 NA 1.3 ST 14 CI	LE ME REET A IY-ST- LE	ADDRESS				☐ Chan	ge Addition	
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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 changes, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZiP

NG OFFICER OR DIRECTOR

454 525-0157