

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000039298 (2)

1. Corporation Name

CARIBBEAN INSURANCE ADVISORS, CORP.



Principal Place of Business

Mailing Address

419 WEST 49TH ST.  
SUITE 109  
HIALEAH FL 33012  
US

419 WEST 49TH ST.  
SUITE 109  
HIALEAH FL 33012  
US

3. Date Incorporated or Qualified  
05/25/1994

3a. Date of Last Report  
08/15/1995

2. Principal Place of Business

2a. Mailing Address

21 S.A.A.

26 S.A.A.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State S.A.A.

28 City & State S.A.A.

24 Zip S.A.A.

25 Country USA

29 Zip S.A.A.

30 Country USA

4. FEI Number

65-0492773

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

RIOS, GLADYS C  
419 WEST 49TH ST.  
HIALEAH FL 33012

#109

81 Name

GLADYS C RIOS

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

S.A.A.

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME RIOS, GLADYS C  
STREET ADDRESS 419 WEST 49TH ST.  
CITY-ST-ZIP HIALEAH FL 33012

TITLE VP  
NAME RIOS, PEDRO J  
STREET ADDRESS 419 W 49TH ST #109  
CITY-ST-ZIP HIALEAH FL

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

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

GLADYS C RIOS president

8/6/96

824-0456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exempt From Fee

CR2E034 (3/96)