

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

FILED
Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000039298 (2)

1. Corporation Name
CARIBBEAN INSURANCE ADVISORS, CORP.



Principal Place of Business
419 WEST 49TH ST.
SUITE 109
HIALEAH FL 33012
US

Mailing Address
419 WEST 49TH ST.
SUITE 109
HIALEAH FL 33012-3655
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified
05/25/1994

3a. Date of Last Report
06/12/1996

4. FEI Number
65-0492773

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

~~CHIRIOS, GLADYS~~
419 WEST 49TH STREET #109
HIALEAH FL 33012

81 Name Gladys C. Rios
82 Street Address (P.O. Box Number is Not Acceptable)
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 hereby accepting the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RIOS, GLADYS C			1.2 NAME			
STREET ADDRESS	419 WEST 49TH ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33012			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RIOS, PEDRO J			2.2 NAME			
STREET ADDRESS	419 W 49TH ST #109			2.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)