№000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94 0000 39537 CARIBBEAN GOMMERCE CENTER! 00 JUN 27 PM 5: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address NEDLEY, FZORIDA 33/78 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHIMMEL KOBERT L 3191 GORAL LUSY H+2 Street Address (P.O. Box Number is Not Acceptable) City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 500003327715 -07/19/00--01050 019 Adding TITLE TITLE Delete NAME NAME ****158.75 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change · [7] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. 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 report or supplemental 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 11 or Block 12 if

SIGNATURE AND THE OF DEPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

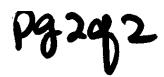
other like empowered.

of the corporation or the receiver or trustee empowered to echanged, or on an attachment with an address, with all other

SIGNATURE:

CR2E034 (9/99





CARIBBEAN COMMERCE CENTER, INC.

P.O.BOX 52-1706, MIAMI, FLORIDA 33152-1706 U.S.A.

PH 305-412-1007 FX 305-412-1914 E-mail NOARWE@AOL.COM

21 st June 2000

Florida Department of Revenue, Division of Corporations P.O.BOX 6327, TALLAHASSEE, FL 32314

REF # P940000039537 SUBJECT

We received your letter of the 1 May 2000 advising that the report has not been filed as the document was illegible. The letter of the 1 st May advised to avoid paying the late Fee it should be returned to office within 30 days of the date of the letter.

This letter was returned to you as the address was 11700 NW 102 Road, #4 Medley Fl 33178. This letter was delivered to us on the 8 th June with your letter dated 5 th June advising that the letter in enclosed.

I wish to bring to your attention that our mailing address on the 1999 return was the correct one of P.O.BOX 52-1706, MIAMI, FLORIDA 33152 and we do not understand why this was not used for our 2000 report or any future correspondence.

The return is now completed and returned with the original check and we look forward to receiving the Certificate of Status.

Yours truly,]

Caribbean Commerce Center, Inc.

Norman Welch, president.

DATE of Therebenson 5/20/1994

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