CORPORATION ANNUAL REPORT

95

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 22 AM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name (594 00004 52512) **DOCUMENT #**

CARAVAN INTERNATIONAL

Mailing Address

P.O. Box 590864
Miami, Fl. 33159-0864

Principal Place of Business

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Mailing Address 21

Suite, Apt. #, etc. 22

City & State 23

Zip 24 County 25

2a. Principal Place of Business 26 3400 NW 64 Ave

Suite, Apt. #, etc. 27

City & State 28 Miami, Fl.

Zip 29 33159 County 30 USA

4. FEI Number 65-0519142 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

X José Botello
8418 Coral Way
Miami, FL. 33155

10. Name and Address of New Registered Agent

81 Name JOSE Botello

82 Street Address (P.O. Box Number is Not Acceptable) 8418 Coral Way

83

84 City Miami FL 85 Zip Code 33155

11. Pursuant to the provisions of Section~~s~~ 607.0502 ~~and 607.1508~~ or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE X [signature] DATE 5/16/95
(Registered Agent Accepting Appointment) (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	1.1 TITLE PRESIDENT
1.2 NAME	1.2 NAME ANTONIETA SALAME
1.3 STREET ADDRESS	1.3 STREET ADDRESS 3946 ADRA AVE
1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP MIAMI, FL 33178
2.1 TITLE	2.1 TITLE 1000015223321
2.2 NAME	2.2 NAME -06/23/95--01084--012
2.3 STREET ADDRESS	2.3 STREET ADDRESS ****233.75 ****233.75
2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
3.1 TITLE	3.1 TITLE SECRETARY
3.2 NAME	3.2 NAME JAIME A. AHUES
3.3 STREET ADDRESS	3.3 STREET ADDRESS 3946 Adra Ave.
3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP Miami, FL. 33178
4.1 TITLE	4.1 TITLE
4.2 NAME	4.2 NAME
4.3 STREET ADDRESS	4.3 STREET ADDRESS
4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
5.1 TITLE	5.1 TITLE
5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
6.1 TITLE	6.1 TITLE
6.2 NAME	6.2 NAME
6.3 STREET ADDRESS	6.3 STREET ADDRESS
6.4 CITY-ST-ZIP	6.4 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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: X [signature] 05/16/95 (305) 592-3754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #