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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 12 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400058264 (0)

## CARIBBEAN CONSTRUCTION CORP.

T THE ICH PERSON	r of Business		lailing Address							
45 ANTILLA AVE. 1-A CORAL GABLES FL 33146			45 ANTILLA AVE.							
			1-A CORAL GABLES FL 33134-3478							
		•	COMAL GABLES FL 33134-3478			3. Date Incorporated or Qualified 08/08/1994	3a. Date of Last Report 11/25/1996			
2. Principal Et	ace of Business	2a.	. Mailing Address				4. FEI Number			pplied For
]		26				65-0511306		<del></del>	ot Applicable	
	Suife, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired			Additional		
2		27	27			Fee Required				
City & State	!		City & State				6. Election Campaign Financing	П		May Be
3 Zip	Count	[28]	Zip	T Co	untry		Trust Fund Contribution  8. This corporation has liability for	internation		to Fees
4]	25	29	• 14	30				Yes		3. 199.032,
	·	ess of Current Regis	stered Agent				10. Name and Address of New Re	gistered	Agent	
CABI	RERA, RAUL D				81	Name				
	S.W. 11TH STREET	ſ	82 Street		Street Add	ddress (P.O. Box Number is Not Acceptable)				
	II FL 33134					Olleel Add	1 .O. BOX Number is Not Accepta			
					83					
					84	City			85 Zip	Code
						Oil,		FL	_   00   2.5	0000
<b>11.</b> Parsuant l	to the provisions of Sec	ctions 607.0502 and 6	307 1508, Florida Stal	utes, the a	bove	-named cor	poration submits this statement for the pation's board of directors. I hereby acce	purpose o	of changing	its registered
agent La	egisteren algent, or boi m familiar with, and ac	cept the obligations o	of, Section 607.0505,	s authorize Florida Sta	tutes	the corpora	ation's board or directors. Friendby acce	hime ab	ponunen a:	) iafigraren
CHENNING										
SIGNATUR										
	Society by edition of section					nt signature requ	ired when reinstating)	DATE		
12.	(	cofrequenced agent and bild DEFICERS AND DIREC	C10RS	13.		nt signature requ	ilred when reinstating) ADDITIONS/CHANGES TO OFF)			
12. This	D	OFFICERS AND DIRE		13. 1.1 T	ITLE	nt signature requ			D DIRECTO	
12. THEE NAME	D HERNANDEZ, EDG	DEFICERS AND DIRE	C10RS	13. 1.1 T 12 N	ITLE					
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