FILE NOW: FILING FEE AFTER MAY 1 IS $225.0

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STA[TE]
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9: 59

DOCUMENT # P94000060227 (3)

1. Corporation Name

CARIBE LAND ENTERPRISES CORP.

Principal Place of Business	Mailing Address
14260 SW 119TH AVENUE MIAMI FL 33186-6110	14260 SW 119TH AVENUE MIAMI FL 33186-6110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1994
3a. Date of Last Report:

4. FEI Number: 65-0550659 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 33186-6023 / 25 Country	29 Zip 33186-6023 / 30 Country

9. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO PA
14260 SW 119TH AVENUE
MIAMI FL 33186-6110

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 33186-6023

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	T ☒ Change ☐ Addition
NAME	MARTINEZ, EMILIO	12 NAME	Martinez, Emilio F.
STREET ADDRESS	14260 SW 119TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186-6110	14 CITY-ST-ZIP	33186-6023
TITLE		21 TITLE	P ☐ Change ☒ Addition
NAME		22 NAME	Martinez, Carlos E.
STREET ADDRESS		23 STREET ADDRESS	14260 SW 119 Ave
CITY-ST-ZIP		24 CITY-ST-ZIP	Miami, FL 33186-6023
TITLE		31 TITLE	VP ☐ Change ☒ Addition
NAME		32 NAME	Martinez, Raul A.
STREET ADDRESS		33 STREET ADDRESS	14260 SW 119 Ave
CITY-ST-ZIP		34 CITY-ST-ZIP	Miami, FL 33186-6023
TITLE		41 TITLE	VP ☐ Change ☒ Addition
NAME		42 NAME	Martinez, Emilio J.
STREET ADDRESS		43 STREET ADDRESS	14260 SW 119 Ave
CITY-ST-ZIP		44 CITY-ST-ZIP	Miami, FL 33186-6023
TITLE		51 TITLE	S ☐ Change ☒ Addition
NAME		52 NAME	Martinez, Fernando I.
STREET ADDRESS		53 STREET ADDRESS	14260 SW 119 Ave
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami, FL 33186-6023
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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 #

0202080 CP