

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000060227 (3)**

1. Corporation Name

CARIBE LAND ENTERPRISES CORP.



Principal Place of Business

14260 SW 119TH AVENUE
MIAMI FL 33186-6023
US

Mailing Address

14260 SW 119TH AVENUE
MIAMI FL 33186-6023
US

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/16/1994

3a. Date of Last Report

02/22/1995

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

City

84

State

85

Zip Code

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

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

Carlos E. Martinez 1/25/96

12. OFFICERS AND DIRECTORS

TITLE	T	NAME	MARTINEZ, EMILIO	STREET ADDRESS	14260 SW 119TH AVENUE	CITY-STATE-ZIP	MIAMI FL	☐ DELETE
TITLE	P	NAME	MARTINEZ, CARLOS E.	STREET ADDRESS	14260 SW 119 AVE	CITY-STATE-ZIP	MIAMI FL	☐ DELETE
TITLE	VP	NAME	MARTINEZ, RAUL A.	STREET ADDRESS	14260 SW 119 AVE	CITY-STATE-ZIP	MIAMI FL	☐ DELETE
TITLE	VP	NAME	MARTINEZ, EMILIO J.	STREET ADDRESS	14260 SW 119 AVE	CITY-STATE-ZIP	MIAMI FL	☐ DELETE
TITLE	S	NAME	MARTINEZ, FERNANDO I	STREET ADDRESS	14260 SW 119 AVE	CITY-STATE-ZIP	MIAMI FL	☐ DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	1. NAME	1. STREET ADDRESS	1. CITY-STATE-ZIP	☐ Change ☐ Addition
2. TITLE	2. NAME	2. STREET ADDRESS	2. CITY-STATE-ZIP	☐ Change ☐ Addition
3. TITLE	3. NAME	3. STREET ADDRESS	3. CITY-STATE-ZIP	☐ Change ☐ Addition
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY-STATE-ZIP	☐ Change ☐ Addition
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY-STATE-ZIP	☐ Change ☐ Addition

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 or person 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

1-25-96 (305) 233-6776

CR2E034 (12/95)