## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000060227 (3)

CARIBE LAND ENTERPHISES CORF	<b>'.</b>			
Principal Place of Businoss Mailing Address				T STEATER FOR STATE TO THE STATE BEING BOTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH
14260 SW 119TH AVENUE MIAMI FL 33186-6023 US	14260 SW 119TH AVENUE Miami Fl 33186-6023 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
				08/16/1994
2. Principal Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21	26			65-0550659 Not Applicable
Suite, Apt #, etc. Suite, Ap 22 27		#, etc.		Certificate of Status Desired     Sa.75 Additional Fee Required
Crity & State	City & State			Election Campaign Financing \$5.00 May Be     Trust Fund Contribution
Zip Country 24 25	Zф 29	Coun	try	try  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No
9, Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
MARTINEZ, CARLOS E		8	11	Name •
14280 119THA VE MIAMI FL 33186			12	Street Address (P.O. Box Number is Not Acceptable)
			3	3
		Ē	И	4 City FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607 0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat</li> </ol>	f Florida. Such chance was	authorized	by t	ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered les.

agent la	m familiar with, and accept the obligations o	t, Section 607.0505, Fig	orida Statules.				
SIGNATURE	Signature, typed or profed name of registered agent and title	rif applicable (NOT	f Registered Agent signature requir	red when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>T</b>	☐ DELE1E	1.1 TITLE		Change	☐ Addition	
NAME	Martinez, emilio		1.2 NAME				
STREET ADDRESS	14260 SW 119TH AVENUE		1.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	P	DELETE	21 TITLE	····	☐ Change	Addition	
NAME	MARTINEZ, CARLOS E.		2 2 NAME				
STREET ADDRESS	14260 SW 119 AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP				
TITLE	VP	DELETE	3.1 TITLE		Change	Addition	
NAME	Martinez, Raul A.		3.2 NAME				
STREET ADORESS	14260 SW 119 AVE		3.3 STREE1 ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP				
TITLE	VP	DELFTE	4.1 TITLE		Change	☐ Addition	
NAME	MARTINEZ, EMILIO J.		4. 2 NAME				
STREET ADDRESS	14260 SW 119 AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP				
TITLE	\$	DELETE	5.1 TITLE		☐ Change	Addition	
NAME	Martinez, Fernando I		5.2 NAME				
STREET ADDRESS	14260 SW 119 AVE		5.3 STREET ADDRESS				
CITY-S1-ZIP	MIAMI FL		5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE		Change	Addition	
NAME			62 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6 4 CiTY-ST-ZIP				

14. Thereby 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 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:** 

1/15/98 (305) 233-6776

**FILED** 

Feb 16 1998 8:00am

Secretary of State