

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000069036 (9)

CARIBBEAN FINANCIAL CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 FEB 22 12:10:03

|                                                                                                    |  |                                                 |  |
|----------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|
| 1. Date of Report: 09/20/1994                                                                      |  | 3a. Date of Last Report: 09/20/1994             |  |
| 2. Filing Office: 21. 4611 S UNIVERSITY DR                                                         |  | 2a. Filing Address: 26. 4611 S UNIVERSITY DRIVE |  |
| 22. STE 422                                                                                        |  | 27. STE 422                                     |  |
| 23. DAVIE, FLORIDA                                                                                 |  | 28. DAVIE, FL                                   |  |
| 24. 33328                                                                                          |  | 25. USA                                         |  |
| 29. 33328                                                                                          |  | 30. USA                                         |  |
| 3. Date of Incorporation: 09/20/1994                                                               |  | 3b. Date of Last Report: 09/20/1994             |  |
| 4. FET Number: 65-0530417                                                                          |  | Applied For: Not Applicable                     |  |
| 5. Certificate of State District: [ ]                                                              |  | \$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 damages for under \$100,000. Florida Statute: [ ] Yes [X] No |  |                                                 |  |

|                                                                                                                   |  |                                              |  |
|-------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br>DEJOUR, CARLO<br>1901 S.W. 75TH TERRACE<br>PLANTATION FL 33317 |  | 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:                             |  |

11. I, the undersigned, being a resident of this state, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law. I hereby accept the approval as registered agent. I am  
*Carlo Dejour, President*

|                            |                                                                        |                                                       |                         |
|----------------------------|------------------------------------------------------------------------|-------------------------------------------------------|-------------------------|
| 12. OFFICERS AND DIRECTORS |                                                                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |
| 1. NAME                    | PSTD<br>DEJOUR, CARLO<br>1901 S.W. 75TH TERRACE<br>PLANTATION FL 33317 | 1. NAME                                               | [ ] Change [ ] Addition |
| 2. STREET ADDRESS          |                                                                        | 2. NAME                                               | [ ] Change [ ] Addition |
| 3. CITY                    |                                                                        | 3. NAME                                               | [ ] Change [ ] Addition |
| 4. STATE                   |                                                                        | 4. NAME                                               | [ ] Change [ ] Addition |
| 5. ZIP                     |                                                                        | 5. NAME                                               | [ ] Change [ ] Addition |
| 6. NAME                    |                                                                        | 6. NAME                                               | [ ] Change [ ] Addition |
| 7. NAME                    |                                                                        | 7. NAME                                               | [ ] Change [ ] Addition |
| 8. NAME                    |                                                                        | 8. NAME                                               | [ ] Change [ ] Addition |
| 9. NAME                    |                                                                        | 9. NAME                                               | [ ] Change [ ] Addition |
| 10. NAME                   |                                                                        | 10. NAME                                              | [ ] Change [ ] Addition |
| 11. NAME                   |                                                                        | 11. NAME                                              | [ ] Change [ ] Addition |
| 12. NAME                   |                                                                        | 12. NAME                                              | [ ] Change [ ] Addition |
| 13. NAME                   |                                                                        | 13. NAME                                              | [ ] Change [ ] Addition |
| 14. NAME                   |                                                                        | 14. NAME                                              | [ ] Change [ ] Addition |
| 15. NAME                   |                                                                        | 15. NAME                                              | [ ] Change [ ] Addition |
| 16. NAME                   |                                                                        | 16. NAME                                              | [ ] Change [ ] Addition |
| 17. NAME                   |                                                                        | 17. NAME                                              | [ ] Change [ ] Addition |
| 18. NAME                   |                                                                        | 18. NAME                                              | [ ] Change [ ] Addition |
| 19. NAME                   |                                                                        | 19. NAME                                              | [ ] Change [ ] Addition |
| 20. NAME                   |                                                                        | 20. NAME                                              | [ ] Change [ ] Addition |

14. I, the undersigned, being a resident of this state, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law. I hereby accept the approval as registered agent. I am  
*Carlo Dejour, President*

SIGNATURE: *Carlo Dejour, President* 2/13/95 (905) 321-6478  
SIGNATURE AND TYPE OF OFFICE OF EACH OFFICER OR DIRECTOR