Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999 .



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000069036**

1. Corporation Name

Principal Place of Business

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CARIBBEAN FINANCIAL CORPORATION

461† S UNIVER SUITE 422 DAVIE FL 33328 US	•	4611 S UNIVERSITY DRIVE SUITE 422 DAVIE FL 33328 US	JITE 422 Avie FL 33328			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/20/1994				
2. Principal P	lace of Business	2a. Mailing Address			-	4. FEI Number 65-0530417		F	+	lied For Applicable
21		26			0070000417	انها دېښادسالا	40-		ditional	
'Suite, Apt.	#, etc	27 Suite, Apt. #, etc.	Suite; Apt. #, etc			5. Certifcate of Status Desired		•	e Req	
City & Stat	8	City & State				6. Election Campaign Financing		\$5	.00 A	May Be
23		28				Trust Fund Contribution			ded to	
Zip Country Zip			Country			8. This corporation owes the curr		ngible □ Yes	5	No
24	25	29 30	<u>)</u>			Personal Property Tax.	_			ZINO :
	9. Name and Address of Curre	nt Registered Agent	81	ı I N	lama	10. Name and Address of New I	Kegistered A	gent		
DEJO	OUR, CARLO				lame					
	S.W. 75TH TERRACE			82 Street Addre		ss (P.O. Box Number is Not Accepta	able)			
PLAI	NTATION FL 33317		83	1		,				
			84	I C	City		FL	85	Zip C	ode
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was auth ations of, Section 607.0505, Florida	orized by a Statutes	/ INE S.	corporation	ration submits this statement for the n's board of directors. I hereby acce when reinstating)	purpose of c pt the appoint	hangir ment	ng its r as reg	egistered istered
	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ant sig	mature required	ADDITIONS/CHANGES TO OF		DIRE	CTOR	2S IN 12
12.	PSTD	DELETE	1.1 TITLE		-	ADDITIONS/GITATOED TO GE	11021107111	Cha		Addition
NAME	DEJOUR, CARLO		1,2 NAME						-	_
STREET ADDRESS	1901 S.W. 75TH TERRACE		1.3 STREET AD		DRESS					
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-5	ST-ZII	P		•			
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NAME			5.2 NAME						7	
STREET ADDRESS	1		5.3 STREE	ET ADI	DRESS		•			
CITY-ST-ZIP			5.4 CITY-5	ST-ZI	Р	•				
TITLE		DELETE	6.1 TITLE					Cha	ange	☐ Addition
NAME			6.2 NAME							
etpeet apposee			6.3 STREE	ET AD	DRESS					

6.4 CITY-ST-ZIP

14. I hereby 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 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, of an attachment with an address, with all other like empowered.

Apr 09, 1999 8:00 am Secretary of State

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