

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathison
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

9 MAY 1995 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000073916 (6)**

1. Corporation Name

CARIBBEAN LOBSTER CORP.

2. Principal Place of Business

801 NE. 167TH STREET
SUITE 308
NORTH MIAMI BEACH FL 33162

2a. Mailing Address

801 NE. 167TH STREET
SUITE 308
NORTH MIAMI BEACH FL 33162

PRINT WITHIN THIS SPACE

3. Date of Report (12/31) **10/03/1994** 3a. Date of Last Report

4. F.I.I. Number **65-0553413** 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**

7. Does corporation file liability for advertising for under 100 shares?
Florida Statutes Yes No

2. Principal Place of Business

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2a. Mailing Address

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State and #

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State and #

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City & State

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City & State

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City & State

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City & State

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City & State

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City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOROTA, SAMUEL S
801 N.E. 167TH STREET
SUITE 308
NORTH MIAMI BEACH FL 33162**

81 Name

82 Street Address (P.O. Box Number, Not Applicable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607 and 607.01, Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office to the address listed herein as the State of Florida. To be changed, authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am a natural citizen and resident of the State of Florida.

SIGNATURE: *Samuel S. Sorota*

5/12/95

12. OFFICERS AND DIRECTORS	
NAME	PRESIDENT/DIRECTOR SAMUEL S. SOROTA
STREET ADDRESS	801 NE 167 ST SUITE 308
CITY	NO. MIAMI BEACH FL 33162
NAME	VICE PRESIDENT/DIRECTOR TERENCE GOLDEN
STREET ADDRESS	1991 N.W. 62 CT
CITY	MIAMI FL 33015
NAME	TREASURER JEREMY SOROTA
STREET ADDRESS	274 SOUTH ISLAND
CITY	GOLDEN BEACH FL 33160
NAME	SECRETARY MICHAEL BLUM
STREET ADDRESS	801 NE 167 ST SUITE 308
CITY	NORTH MIAMI BEACH FL 331
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS ONLY	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	
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14. I, the undersigned, certify that the information supplied with this filing was properly prepared and shows, and shall, for the corporation state for any year 11 (11) (11) Florida Statutes. I further certify that this information was filed on the annual report or supplemental annual report as required and that my signature shall have the same legal effect as if made in person. I am a natural citizen and resident of the State of Florida. To be changed, authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am a natural citizen and resident of the State of Florida.

SIGNATURE: *Samuel S. Sorota* **SAMUEL S. SOROTA** *5/12/95* **305-612-2222**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)