

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995. AMOUNT DUE ON OR BEFORE 6/30: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # P94000088669 (4)

95 JUN 30 AM 9:38

1. Corporation Name
CARIBE EXPORT CORPORATION

Principal Place of Business: **11958 S.W. 72ND TERRACE MIAMI FL 33183**
Mailing Address: **11958 S.W. 72ND TERRACE MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
11958 S.W. 72ND TERRACE MIAMI FL 33183		11958 S.W. 72ND TERRACE MIAMI FL 33183		12/07/1994	
21. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For Not Applicable	
21	2a	650539201			
22. Subst. Apt. #, etc		27. Subst. Apt. #, etc		5. Certificate of Status Desired	
22		27		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. This corporation is a foreign corporation	
23		28		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MACIAS, JUAN C 11958 S.W. 72ND TERRACE MIAMI FL 33183				01. Name			
				02. Street Address (P.O. Box Number is Not Acceptable)			
				03.			
				04. City	FL	05. Zip Code	

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: JUAN C. MACIAS 6/9/95
(Agent's Name and Printed Name of Registered Agent and the Filing Date) (201) Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE	PO MACIAS, JUAN C 11958 S.W. 72ND TERRACE MIAMI FL 33183	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	VD RESEMBERT, MARIE L 7250 N. AUGUSTA DRIVE MIAMI FL 33015	5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(1)(b), Florida Statutes. I further certify that the information is correct on this annual report or supplemental annual report in 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 13a, b, c, or d on an attachment with an address.

SIGNATURE: JUAN C. MACIAS 6/9/95 (305) 227-0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)