FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 16 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000091176 (5)

1. Corporation Name

CARIBE TOWNHOUSE INVESTMENTS, INC.

Name change: Caribe Kendall Corp.

Principal Place of Business	Mailing Address
900 INGRAHAM BLDG. 25 SE 2ND AVENUE MIAMI FL 33131	900 INGRAHAM BLDG. 25 SE 2ND AVENUE MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 14260 SW 119 Ave	26 14260 SW 119 Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL	28 City & State: Miami FL
24 Zip: 33186 25 Country: USA	29 Zip: 33186 30 Country: USA

4. FEI Number: 65-0545879 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO P.A.
900 INGRAHAM BLDG. 25 SE 2ND AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 14260 SW. 119 Ave

83

84 City: Miami FL 85 Zip Code: 33186

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	MARTINEZ, EMILIO F	1.2 NAME	
STREET ADDRESS	14260 SW 119TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186-6023	1.4 CITY-ST-ZIP	33186-6023
TITLE		2.1 TITLE	P ☐ Change ☒ Addition
NAME		2.2 NAME	Martinez, Carlos E.
STREET ADDRESS		2.3 STREET ADDRESS	14260 SW 119 Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33186-6023
TITLE		3.1 TITLE	T ☐ Change ☒ Addition
NAME		3.2 NAME	Martinez, Raul A.
STREET ADDRESS		3.3 STREET ADDRESS	14260 SW 119 Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33186-6023
TITLE		4.1 TITLE	VP ☐ Change ☒ Addition
NAME		4.2 NAME	Martinez, Emilio J.
STREET ADDRESS		4.3 STREET ADDRESS	14260 SW 119 Ave.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33186-6023
TITLE		5.1 TITLE	VP ☐ Change ☒ Addition
NAME		5.2 NAME	Martinez, Fernando J.
STREET ADDRESS		5.3 STREET ADDRESS	14260 SW 119 Ave.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33186-6023
TITLE		6.1 TITLE	Asst. Sec. ☐ Change ☒ Addition
NAME		6.2 NAME	Jimenez, Tosa A.
STREET ADDRESS		6.3 STREET ADDRESS	14260 SW 119 Ave
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33186-6023 LH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0427626 FP