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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT

Secretary of Stat

DIVISION OF CORPOR ONS

STATE

DOCUMENT # P9400091176 (5)

CARIBE KENDALL CORPORATION

| | | · |
|---------------------------------------|---|---|
| Principal Place of Business | Mailing Address | |
| 14260 S.W. 119 AVE. MIAMI FL 33186 | 14260 S.W. 119 AVE. Miami Fl 331 86-6 023 | į |
| | | |

FILED Feb 06 1997 8:00am Secretary of State



| 14260 S.W. 119 MIAMI FL 33186 | | 14260 S.W. 119 AVE. MIAMI FL 33186-6023 | | | | | | | |
|--|---|--|--|---|---|--------------------------------|---------------------------|----------------------------|--|
| | | | | · | 3. Date Incorporated or Qualified 12/16/1994 | 3a. Date 02/1 | of Last Re 3/1996 | ep ort | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | , | Ap | plied For | |
| 21 | | 26 | Ţ | | 65-0545879 | | No | t Applicable | |
| Suite, Apt. # | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 / Fee Re | | |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | | |
| Zip | Country 25 | Zip 29 | Cour | itry | 8. This corporation has liability for it | | ax under s. No | 199.032, | |
| 24 | 9. Name and Address of Curren | | 30 | | 10. Name and Address of New Re | | | | |
| MAD | TINEZ, EMILIO F | . rregionou rigetti | | 81 Name | | | | | |
| 14260 S.W. 119 AVE. | | | | | | | | | |
| MIAMI FL 33186 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | B3 | | | 11 | | |
| | | | | 64 City | | FL | 85 Zip (| Code | |
| 11. Pursuant to office or reagont. Far SIGNATURE | o the provisions of Sections 607,050 oristered agent, or both, in the Sate or familiar with and accord the ublig- | 2 and 607, 1508, Florida Statu of Fonda, Such change was ations of Section 607,0505, F | ites, the ab authorized lorida Statu | ove-named cor by the corpora ites. | poration submits this statement for the p ation's board of directors. I hereby accep | urpose of control | hanging it ntment as | s registered registered | |
| | Signariale typed or printed name of registered age | | | Agent signature requ | lired when reinstating) | DATE | | | |
| 12. | OFFICERS AN | | 13. | | ADDITIONS/CHANGES TO OFFIC | | | | |
| TITLE | d Martinez, emilio f | ☐ DELETE | 1,1 717 | | | L. | Change | ☐ Addition | |
| NAME | 14260 SW 119TH AVENUE | | 1.2 NA | | | | | | |
| STREET ADDRESS | MIAMI FL 33186-6023 | | | REET ADDRESS | | | | I | |
| CHTY-ST-ZIP | D D D D D D D D D D D D D D D D D D D | DELETE | 1.4 CIT 2.1 TrT | Y-ST-ZIP | | T | Change | Addition | |
| TITLE | MARTINEZ, CARLOS E | L DECEIL | | | | | Criango | L.J Modition | |
| NAME | 14260 S.W. 119 AVE. | | 2.2 NA | | | | | I | |
| STREET ADDRESS | MIAMI FL 33186-6023 | | | REET ADDRESS | | | | | |
| CITY-ST-7IP TITLE | T | DELETE | 3.1 Tit | Y-ST-ZIP | | | Change | Addition | |
| NAME | MARTINEZ, RAUL A | | 3.2 NA | | | • | | | |
| STREET ADDRESS | 14260 S.W. 119 AVE. | | | HEET ADDRESS | | | | | |
| | MIAMI FL 33186-6023 | | | IY-ST-ZIP | | | | | |
| CITY-ST-ZIP TITLE | VP | DELETE | 4.1 TiT | | | | Change | Addition | |
| NAME | MARTINEZ, EMILIO J | | 4. 2 N/ | | | • | | | |
| STREET ADDRESS | 14260 S.W. 119 AVE. | | | REET ADDRESS | | | | , | |
| CITY-ST-ZIP | MIAMI FL 33186-6023 | | | Y-ST-ZIP | | | | | |
| TIFLE | VP | DELETE | 5.1 TIT | | | | Change | Addition | |
| NAME | MARTINEZ, FERNANDO I | | 5.2 NA | 1 | | | _ | | |
| STREET ADDRESS | 14260 S.W. 119 AVE. | | | EET ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI FL 33186-6023 | | | Y-ST-ZIP | | | | | |
| TITLE | AS | DELETE | 6 711 | | | | Change | Addition | |
| NAME | JIMENEZ, JOSE A | | 8 14 | ME | | ÷ | | | |
| STREET ADORESS | 14280 S.W. 119 AVE. | | | REET ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI FL 33188-6023 | | | Y-ST-ZIP | | | | | |
| 14. I do hereb | y certify that the information supplie | | lify for e | exemption state | ed in Section 119.07(3)(i), Florida Statute | | | | |
| information Lam an of | n indicated on this annual report or s ficer or director of the corporation or | supplemental annual report is the receive or trustee empo | true (e e werec e | courate and the xecute this repo | at my signature shall have the same lega ort as required by Chapter 607, Florida S | il effect as i itatutes; an | it made un d that my r | der oath; that name | |

information indicated on this annual report or supplemental annual report is true of a man officer or director of the corporation or the receive or trustee empowered I am an officer or director of the corporation or the received appears in Block 12 or Block 13 if changed, or on an attaching

SIGNATURE: