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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90019 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000091176

1. Corporation Name

CARIBE KENDALL CORPORATION

Principal Place of Business

14260 S.W. 119 AVE.
MIAMI FL 33186

Mailing Address

14260 S.W. 119 AVE.
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1994

4. FEI Number

65-0545879

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MARTINEZ, EMILIO F
14260 S.W. 119 AVE.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, CARLOS E	2.2 NAME	
STREET ADDRESS	14260 S.W. 119 AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186-6023	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, RAUL A	3.2 NAME	
STREET ADDRESS	14260 S.W. 119 AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186-6023	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, EMILIO J	4.2 NAME	
STREET ADDRESS	14260 S.W. 119 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186-6023	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, FERNANDO I	5.2 NAME	
STREET ADDRESS	14260 S.W. 119 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186-6023	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, JOSE A	6.2 NAME	
STREET ADDRESS	14260 S.W. 119 AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186-6023	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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 (305) 233-6776

CR2E034 (11/98)

0267267