

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000006226 (1)

1. Corporation Name

CALEB TRADING CORPORATION



Principal Place of Business

Mailing Address

9020 SW 93RD AVENUE
MIAMI FL 33176

9020 SW 93RD AVENUE
MIAMI FL 33176

10841 SW 127 St. Miami FL 33176

3. Date Incorporated or Qualified

01/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 10841 SW 127 St

26 10841 SW 127 St

4. FET Number

65-055878-3

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Miami FL

28 Miami FL

24 Zip 33176

25 Country Dade

29 Zip 33176

30 Country Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NETO, OTAVIO A
12004 SW 117TH TERRACE
MIAMI FL 33186

81 Name

Felix C Garcia

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

10750 S W 24th Street

83

84 City

Miami

FL

85 Zip Code 33165

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, and, 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]

Felix C Garcia

04 13 96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME AVESANI, OTAVIO
STREET ADDRESS C/O 9020 SW 93RD AVENUE
CITY-ST-ZIP MIAMI FL 33176 ☐ DELETE

1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME AVESANI, MIRIAM R
STREET ADDRESS C/O 9020 SW 93RD AVENUE
CITY-ST-ZIP MIAMI FL 33176 ☐ DELETE

2. TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4. TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5. TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6. TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Octavio Avesani Pres:

04 13 96

CR2E034 (12/95)