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 # P95000007307 (8)

1. Corporation Name
CARIBBEAN K LINE INC.

Principal Place of Business
~~4675 PONCE DE LEON BOULEVARD~~
~~SUITE 305~~
~~CORAL GABLES FL 33146~~

Mailing Address
~~4675 PONCE DE LEON BOULEVARD~~
~~SUITE 305~~
~~CORAL GABLES FL 33146~~

3. Date Incorporated or Qualified: 01/24/1995
3a. Date of Last Report:

2. Principal Place of Business
21 7875 N.W. 12th AVE.
Suite, Apt. #, etc
22 #103
City & State
23 MIAMI, FL.
Zip
24 33126
Country
25

2a. Mailing Address
26 7875 N.W. 12th AVE.
Suite, Apt. #, etc.
27 #103
City & State
28 MIAMI, FL.
Zip
29 33126
Country
30

4. FEI Number: 65-0563916
☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
~~STINSON, LOUIS JR.~~
~~4675 PONCE DE LEON BOULEVARD~~
~~SUITE 305~~
~~CORAL GABLES FL 33146~~

10. Name and Address of New Registered Agent
81 Name: BARRETT, ANDERSON D
82 Street Address (P.O. Box Number is Not Acceptable): 7875 N.W. 12th AVE.
83
84 City: MIAMI, FL. FL
85 Zip Code: 33126

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], BARRETT, ANDERSON D. 5/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ARWOOD, JOHN R	
STREET ADDRESS	3500 WEST GATE DRIVE, SUITE 800	
CITY-ST-ZIP	DURHAM NC 27707	
TITLE ✓	D	☐ DELETE
NAME	BARRETT, ANDERSON D	
STREET ADDRESS	~~3500 WEST GATE DRIVE, SUITE 800~~	
CITY-ST-ZIP	~~DURHAM NC 27707~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	BARRETT, ARNOLD D	
2.3 STREET ADDRESS	7875 N.W. 12th STREET, #103	
2.4 CITY-ST-ZIP	MIAMI, FL. 33126	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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-05/22/96--01011--021
***225.00

5-21-96

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Anderson D. Barrett 05-08-96 305-471-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)