

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000012992 (0)**

1. Corporation Name
CARIBBEAN OUTLET DISTRIBUTORS, INC.



Principal Place of Business: **3701 BRIDGE RD COOPER CITY FL 33026**
Mailing Address: **3701 BRIDGE RD COOPER CITY FL 33026**

3. Date Incorporated or Qualified: **02/15/1995**
3a. Date of Last Report: _____
4. FEI Number: **65-0557795**
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

2. Principal Place of Business: 21 State, Apt., #, etc.: _____ 22 City & State: _____ 23 Zip: _____ Country: _____
2a. Mailing Address: 26 State, Apt., #, etc.: _____ 27 City & State: _____ 28 Zip: _____ Country: _____

9. Name and Address of Current Registered Agent
**CAPITAL CONNECTION, INC.
417 E VIRGINIA STREET
SUITE 1
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name: **Rodney Laham**
82 Street Address (P.O. Box Number is Not Acceptable): **3701 Bridge Rd**
83 _____
84 **Cooper City** FL 85 Zip Code: **33026**

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **RODNEY LAHAM, D/C** DATE: **2/10/96**

12. OFFICERS AND DIRECTORS

1. TITLE	D	<input type="checkbox"/> DELETE
2. NAME	LAHAM, SOAD S	
3. STREET ADDRESS	3701 BRIDGE RD	
4. CITY - ST - ZIP	COOPER CITY FL 33026	
5. TITLE	D	<input type="checkbox"/> DELETE
6. NAME	Rodney Laham	
7. STREET ADDRESS	3701 Bridge Rd	
8. CITY - ST - ZIP	Cooper City, FL 33026	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

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 any address.

SIGNATURE: *[Signature]* **SOAD S. LAHAM** DATE: **2-10-96** PHONE: **954-431-5385**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)