FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P95000029165 (4) DOCUMENT # CARIBE INVESTMENT, INC. Principal Place of Business Mailing Address 1330 W. 42ND PLACE 1330 W. 42ND PLACE HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/13/1995 2. Principal Place of Business 2s. Mailing Address Applied For Not Applicable 21 26 65-0582478 Suite, Apt. #, otc Suite, Ant #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Žip Zip Country Country

FILED Mar 13 1998 8:00am Secretary of State

24	25	29	30	•		T	Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
LOPEZ, LUIS					Name						
1330 W. 42ND PLACE HIALEAH FL 33012				82 Street Address (P.O. Box Number is Not Acceptable)							
				83							
				84	City			85	Zip C	ode	
ald Purcunnt	to the provisions of Sections CO	7.0002 and 007.1600. Florid	Statutos the s		nnmad	corneration submits this state	FL	L Chanc	ing ite	rogistered	
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, typod or printed transc of register			required when reinstating)	DATE						
12.		S AND DIRECTORS	13.	o Age	it signature i		GES TO OFFICERS AND	DIREC	TOR	S IN 12	
TITLE	PD	Dt i		ITLE	$\overline{}$	ADDITION OF ONE	020 10 011102.107442	Cha		Addition	
NAME	LOPEZ, LUIS	OPEZ, LUIS		1.2 NAME		÷					
STREET ADDRESS	1330 W. 42ND PLACE		1.3 \$1	TREET	address						
CITY-ST-ZIP	HIALEAH FL 33012		1.4 0	11Y-S	r-ZiP						
TITLE	VD DELETE. 2:		ET4. 2.1 TI	2.1 TITLE				Cha	nge	Addition	
NAME	LOPEZ, MIGUEL		2.2 N	AME	j						
STREET ADDRESS	1396 W. 63RD STREET		2.3 \$1	TREET	address						
CITY-ST-ZIP	HIALEAH FL 33012			CITY-S	T-ZIP						
TITLE	\$0	☐ DEC			ł			☐ Cha	nge	Addition	
NAME	CANDELARIO, VICTOR I	1	3.2 N		ļ						
STREET ADDRESS	11630 W. 57TH COURT				ADDRESS						
CITY-ST-ZIP	HIALEAH FL 33012	DEL		CITY-S	T · ZIP			Cha		Addition	
TITLE	TD VALDES INSE A	LJ DEC						L) Viii	iige	L_I Addition	
NAME	VALDES, JOSE A 573 W. 63RD STREET			NAME							
STREET ADDRESS	HIALEAH FL 33012				ADDRESS						
CITY-ST-ZIP	MALEAN FL 33012	DEL		ITY - S	I - ZIP			Cha	nne	Addition	
NAME			5.2 N		- 1			<u></u> 0.10		- Paganian	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	**************************************		1	5.4 CITY - ST - ZIP							
TITLE		DEL DEL			1-211	±517.		Cha	nge	Addition	
NAME			62 N		- 1				-	=	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			6.4 C	ity-s	T-ZIP						

Thereby certify that the information supplied with this filling 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 change for on an attachment with an address

SIGNATURE: