

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

97 MAY 12 PM 2:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000039138 (9)

1. Corporation Name

CARIBBEAN PROPERTIES, INC.

Principal Place of Business

Mailing Address

1085 N.W. 191ST STREET
MIAMI FL 33169

1085 N.W. 191ST STREET
MIAMI FL 33169

6104 RAIN HOLLOW COURT
TEMPLE TERRACE, FL 33617

6104 RAIN HOLLOW COURT
TEMPLE TERRACE
FL 33617

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified
05/17/1995

3a. Date of Last Report

4. FEI Number

59-3430311

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

GILMORE, RICARDO L
334 SOUTH HYDE PARK AVENUE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name GILMORE, RICARDO L
82 Street Address (P.O. Box Number is Not Acceptable)

83 220 South Franklin Street
84 City Tampa FL 85 Zip Code 33602

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME EVANS, ELIZABETH
STREET ADDRESS 1085 N.W. 191ST ST
CITY- ST- ZIP MIAMI FL 33169
6104 RAIN HOLLOW COURT
TEMPLE TERRACE FL 33617

TITLE VD
NAME EVANS, DAMION
STREET ADDRESS 1085 N.W. 191ST ST
CITY- ST- ZIP MIAMI FL 33169
6104 RAIN HOLLOW COURT
TEMPLE TERRACE FL 33617

TITLE SD
NAME EVANS, DARREN
STREET ADDRESS 1085 N.W. 191ST ST
CITY- ST- ZIP MIAMI FL 33169
6104 RAIN HOLLOW COURT
TEMPLE TERRACE FL 33617

TITLE D
NAME EVANS, LEANN
STREET ADDRESS 1085 N.W. 191ST ST
CITY- ST- ZIP MIAMI FL 33169
6104 RAIN HOLLOW COURT
TEMPLE TERRACE FL 33617

TITLE D
NAME AVOLEY EVANS
STREET ADDRESS 6104 RAIN HOLLOW COURT
CITY- ST- ZIP TEMPLE TERRACE FL 33617

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/97

Date

813-899-9746

Daytime Phone #

CR2E034 (3/96)