

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 # P95000041914

1. Corporation Name

Caribbean Venture Partners, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

5/30/95

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 80 SW Eighth Street

26 80 SW Eighth Street

4. FEI Number

65-0587347

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2400

27 Suite 2400

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fees Required

City & State

City & State

23 Miami, FL

28 Miami, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33130

25 Dade

29 33130

30 Dade

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Mark S. Gallegos, Esq.  
Williams/Mitrani, Rynor & Gallegos  
Joint Venture  
2973 SW 27th Avenue  
Grove Forest Plaza, Suite 301  
Coconut Grove, FL 33133

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P  
NAME Gene W. McLean  
STREET ADDRESS 80 SW Eighth Street, Ste. 2400  
CITY-ST-ZIP Miami, FL 33130

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

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4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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5.1 TITLE

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5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

TITLE ☐ DELETE

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

TITLE ☐ DELETE

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

TITLE ☐ DELETE

10.1 TITLE

10.2 NAME

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11.1 TITLE

11.2 NAME

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12.1 TITLE

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14.1 TITLE

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24.4 CITY-ST-ZIP

TITLE ☐ DELETE

25.1 TITLE

25.2 NAME

25.3 STREET ADDRESS

25.4 CITY-ST-ZIP

TITLE ☐ DELETE

26.1 TITLE

26.2 NAME

26.3 STREET ADDRESS

26.4 CITY-ST-ZIP

700001807407  
-05/03/96--01090--028  
\*\*\*200.00

325.1

SIGNATURE:

Gene W. McLean

4-26-96 (305) 579-1359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)