

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 # P95000046471 (5)

1. Corporation Name

CARIBBEAN DREAMS INCORPORATED

Principal Place of Business

809 FRANCES ST.  
KEY WEST FL 33040

Mailing Address

809 FRANCES ST.  
KEY WEST FL 33040



3. Date Incorporated or Qualified  
06/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 800 W CYPRESS CREEK

26 P.O. BOX 4052

4. FEI Number  
59 3334 748

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #300

27 KEY WEST FL

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23 FT LAUDERDALE FL

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33309

25 USA

29 33041

30 USA

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

RODRIGUEZ, AMADO  
809 FRANCES ST.  
KEY WEST FL 33040

81 Name

AMADO RODRIGUEZ

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

1701H KINGFISH LANE W

83

84 City

SUGARLOAF SHORES FL

85 Zip Code

33045

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 ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
RODRIGUEZ, AMADO  
809 FRANCES ST.  
KEY WEST FL 33040

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
SOLOMON, ARTHUR  
809 FRANCES ST.  
KEY WEST FL 33040

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
DUVAL, COLETTE  
809 FRANCES ST.  
KEY WEST FL 33040

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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, 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:

COLETTE DUVAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

305 296 7711

CR2E034 (12/95)