

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.)

FILED

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****225.00 ****225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #
1. Corporation Name

P95000057905

CARIBBEAN SUN INTERNATIONAL INC

Principal Place of Business

Mailing Address

13906 SW 46 TERR UNIT "A"
MIAMI Florida 33175

2. Principal Place of Business

2a. Mailing Address

21 13906 SW 46 TERR

26 Suite Apt # etc

22 A

27 City & State

23 MIAMI Florida

28 City & State

24 33175

25 USA

29 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Organized
7-25-95

3a. Date of Last Report
N/A

4. FEI Number
65-059-7495

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 ability for intangible tax under s. 194.032
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

LUIS F. QUINONES JR

81 Name
LUIS F. QUINONES JR

82 Street Address (P.O. Box Number Not Acceptable)
8205 LAKE DRIVE # A-204

83

84 City
MIAMI

FL

85 Zip Code
33166

11. Pursuant to the provisions of Section 607.04(1)(a) of the 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, or the duly authorized officer or officers, and is hereby acknowledged and approved by the agent, if an individual, and accepted by the officer or officers of the corporation, if a corporation.

SIGNATURE
LUIS F. QUINONES JR

PRESIDENT

8/4/96

12. OFFICER, DIRECTOR, OR OTHER PERSON

TITLE
PRESIDENT
NAME
ARMANDO DANIEL ALVAREZ JR
STREET ADDRESS
15340 SW 144 PL
CITY, STATE, ZIP
MIAMI FLA 33177

☐ Officer ☐ Director ☐ Other

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

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STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONAL OFFICERS, DIRECTORS, OR OTHER PERSONS

TITLE
PRESIDENT
NAME
LUIS F. QUINONES JR
STREET ADDRESS
8205 LAKE DRIVE # A-204
CITY, STATE, ZIP
MIAMI, FLORIDA 33166

☐ Officer ☐ Director ☐ Other

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

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CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS F. QUINONES JR

8/22/96

(305)

223-3223

PR2E034 (3/96)