FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059289 (5)

CARIBBEAN PROPERTY INSPECTION, INC.					
Principal Plac	ce of Business	Mailing Address			
7911 NW 72ND AVENUE 7911 NW 72ND AVENUE					
#223-B				DO NOT WRITE IN THIS	S SPACE
MIAMI FL 33166 MIAMI FL 33166				3. Date Incorporated or Qualified	7 OF NOL
				08/01/1995	
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0599593	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registere	J Agent
	Z, JOSE		B1 Name		
	7650 NW 67TH AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	1418		83		<u></u>
l ™	IAMI FL 33015				
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0				
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.					
l .		ilgalions (ii, Section 601. 0303 , Fil	onda Siatutes.		
SIGNATURE	Signature, typed or printed name of registered	agent and the displicable (NO)	If: Registered Agent signature requ		
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	UZ, JOSE	***	1.2 NAME		
STREET ADDRESS 17650 NW 67TH AVENUE #1418		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33015	DELETE	1.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	MORALES, ROGER		2.1 TITLE		L Criange L Admition
NAME STREET ADDRESS	7921 N.W. SOUTH RIVER (DD #214	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	MEDLEY FL	JIG WEIT	2.4 CITY-ST-ZIP		
TITLE	MEDEL I L	DELETE	3.1 THILE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ D€LETE	5.1 TITLE	-	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing 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 of 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.

CIONATURE.

xuex2

4-27-98

CR2E034 (10/9

FILED

May 15 1998 8:00am

Secretary of State