

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 # P95000062102 (5)

1. Corporation Name

CARIB IMPEX INTERNATIONAL CORP.



Principal Place of Business

Mailing Address

~~NICHOLAS FERNANDEZ, ESO.~~  
~~2655 LEJEUNE ROAD, PH-1D~~  
~~CORAL GABLES FL 33134~~

~~NICHOLAS FERNANDEZ, ESO.~~  
~~2655 LEJEUNE ROAD, PH-1D~~  
~~CORAL GABLES FL 33134~~

2. Principal Place of Business

2a. Mailing Address

21 CARIB IMPEX INTERNATIONAL CORP. (SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 12000 BISCAYNE BLVD. SUITE 2603

City & State

City & State

23 CORAL GABLES, FLORIDA

Zip

Country

Zip

Country

24 33134

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/11/1995

3a. Date of Last Report

4. FEI Number

65-0618474

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

10. Name and Address of New Registered Agent

81 Name  
ESQUIRE CORPORATE SERVICES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)  
2655 LEJEUNE ROAD, PH-1D

83

84 City  
CORAL GABLES

FL 85 Zip Code  
33134

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 of type or printed name of registered agent and the date of appointment

Signature of Registered Agent's signature required when appointing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DUMONT, CHARLES  
STREET ADDRESS  
8900 COLLINS AVENUE, UNIT 12-E  
CITY-ST-ZIP  
SURFSIDE FL 33154

TITLE ☐ DELETE

NAME  
DUMONT, GROEGETTE  
STREET ADDRESS  
8900 COLLINS AVENUE, UNIT 12-E  
CITY-ST-ZIP  
SURFSIDE FL 33154

TITLE ☐ DELETE

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STREET ADDRESS  
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TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition

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