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 # **P95000062509 (1)**

1. Corporation Name
CARIBBEAN PRIDE, INC.

Principal Place of Business	Mailing Address
851 WEST STATE ROAD 436 SUITE 1055 ← SUITE 1007 ALTAMONTE SPRINGS FL 32714	851 WEST STATE ROAD 436 SUITE 1055 → SUITE 1007 ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: **08/11/1995**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 851 WEST STATE RD 436	26 851 WEST STATE RD 436
Suite, Apt. #, etc. 22 SUITE 1007	Suite, Apt. #, etc. 27 SUITE 1007
City & State 23 ALTAMONTE SPRINGS, FL	City & State 28 ALTAMONTE SPRINGS, FL
Zip / Country 24 32714 / 25 SEMINOLE	Zip / Country 29 32714 / 30 SEMINOLE

4. FEI Number: 59-3330491 ☐ 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

9. Name and Address of Current Registered Agent

WHITE-DAVIS, ALBERT
851 WEST STATE ROAD 436
SUITE 1055 ← SUITE 1007
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

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 607.1506, 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: ALBERT WHITE-DAVIS (PRES) — Albert White-Davis — 8-6-96
Signature, typed or printed name of registered agent and title, if applicable (Title & Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE-DAVIS, ALBERT 851 WEST STATE ROAD 436, SUITE 1055 ALTAMONTE SPRINGS FL 32714 SUITE 1007 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	WHITE-DAVIS, ALBERT 851 WEST STATE RD 436, SUITE 1007 ALTAMONTE SPRINGS, FL. 32714 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 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: Albert White-Davis — 8-6-96 — (407) 774-0057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #