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.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000072847 (3)**

1. Corporation Name
CARIBBEAN ISLES RESTAURANT INC

Principal Place of Business	Mailing Address
2701 NW 23 BLVD STE G-58 GAINESVILLE FL 32605	2701 NW 23 BLVD STE G-58 GAINESVILLE FL 32605

3. Date Incorporated or Qualified: **09/19/1995**
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 3800 SW 34 ST
22 Suite, Apt. #, etc: C-124
23 City & State: GAINESVILLE FL
24 Zip: 32608 25 Country: USA

2a. Mailing Address
26: 3800 SW 34 ST
27 Suite, Apt. #, etc: C-124
28 City & State: GAINESVILLE
29 Zip: 32608 30 Country: USA

4. FEI Number: ☐ 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
ALVARENGA, DARRON
2701 NW 23 BLVD STE G-58
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent
81 Name: ALVARENGA, DARRON
82 Street Address (P.O. Box Number is Not Acceptable): 3800 SW 34 STREET APT C-124
83
84 City: GAINESVILLE FL 85 Zip Code: 32608

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: DARRON ALVARENGA (D) AUGUST 2, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVARENGA, DARRON 2701 NW 23 BLVD STE G-58 GAINESVILLE FL 32605	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVARENGA, GEORGE 1540 NW 182 ST MIAMI FL 33169	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVARENGA, PATRICA 1540 NW 182 ST MIAMI FL 33169	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVARENGA, PAULINE 12450 W RANDALL PARK DR MIAMI FL 33167	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D ALVARENGA, DARRON 3800 SW 34 ST APT C-124 GAINESVILLE FL 32608	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DARRON ALVARENGA 8-2-96 (352) 378-6207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #