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FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

3800 SW 34TH ST  
0-124  
GAINESVILLE FL 32608  
US

Mailing Address

3800 SW 34 ST  
0-124  
GAINESVILLE FL 32608-0562  
US

3. Date Incorporated or Qualified

09/19/1995

3a. Date of Last Report

08/08/1996

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ALVARENGA, DARRON  
3800 SW 34TH STREET APT 0-124  
GAINESVILLE FL 32608

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 607.1508, 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: Typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

12.

OFFICERS AND DIRECTORS

| TITLE                    | NAME               | STREET ADDRESS            | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|--------------------------|--------------------|---------------------------|-----------------|---------------------------------|
| D                        | ALVARENGA, DARRON  | 3800 SW 34TH ST APT 0-124 | GAINESVILLE FL  | <input type="checkbox"/>        |
| D                        | ALVARENGA, GEORGE  | 1540 NW 182 ST            | MIAMI FL 33169  | <input type="checkbox"/>        |
| D                        | ALVARENGA, PATRICA | 1540 NW 182 ST            | MIAMI FL 33169  | <input type="checkbox"/>        |
| D                        | ALVARENGA, PAULINE | 12450 W RANDALL PARK DR   | MIAMI FL 33167  | <input type="checkbox"/>        |
| <input type="checkbox"/> |                    |                           |                 | <input type="checkbox"/>        |
| <input type="checkbox"/> |                    |                           |                 | <input type="checkbox"/>        |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| 21    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 22    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 23    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 24    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 31    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 32    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 33    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 34    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 41    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 42    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 43    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 44    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 51    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 52    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 53    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 54    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 61    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 62    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 63    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 64    |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

14. I do 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 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:

*DARRON ALVARENGA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97 (352)378-6207

Date

Daytime Phone #

CR2E034 (9/96)