

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
0124  
GAINESVILLE FL 32608  
US

Mailing Address

3800 SW 34 ST  
0-124  
GAINESVILLE FL 32608  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1995

4. FEI Number

NOT APPLICABLE

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 1540 NW 182 ST

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33169

Country

25 USA

2a. Mailing Address

26 1540 NW 182 ST

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33169

Country

30 USA

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

DARRON ALVARENGA

82 Street Address (P.O. Box Number is Not Acceptable)

1540 NW 182 ST

83

84 City

MIAMI

FL

85 Zip Code  
33169

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 reinstating)

DATE

9-25-98

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME ALVARENGA, DARRON  
STREET ADDRESS 3800 SW 34TH ST APT 0-124  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME ALVARENGA, GEORGE  
STREET ADDRESS 1540 NW 182 ST  
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ DELETE

NAME ALVARENGA, PATRICA  
STREET ADDRESS 1540 NW 182 ST  
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ DELETE

NAME ALVARENGA, PAULINE  
STREET ADDRESS 12450 W RANDALL PARK DR  
CITY-ST-ZIP MIAMI FL 33167

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

9-25-98

BDS 623-2841

CR2E034 (5/98)