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 # P95000073647 (6)

1. Corporation Name

CARIBE INTERNATIONAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
8695 COLLEGE PARKWAY SUITE 300 FT. MYERS FL 33919	8695 COLLEGE PARKWAY SUITE 300 FT. MYERS FL 33919

3. Date Incorporated or Qualified: 09/22/1995
3a. Date of Last Report:

2. Principal Place of Business: 21 ___ Suite, Apt #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt #, etc 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

4. FEI Number: 65-0609172 ☐ 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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: ROLF TOEDTLI
82 Street Address (P.O. Box Number is Not Acceptable): 8695 COLLEGE PKWY #300
83
84 City: FORT MYERS FL
85 Zip Code: 33919

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: X [signature] ROLF TOEDTLI 6/19/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TOEDTLI, ROLF W	
STREET ADDRESS	8695 COLLEGE PARKWAY, #300	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	VSD	☒ DELETE
NAME	KAUFMANN, PAUL T	
STREET ADDRESS	8695 COLLEGE PARKWAY, #300	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	T	☒ DELETE
NAME	KAUFMANN, MARIA R	
STREET ADDRESS	8695 COLLEGE PARKWAY, #300	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VICE PRESIDENT	☒ Change ☐ Addition
2.2 NAME	TOEDTLI, ROLF	
2.3 STREET ADDRESS	8695 COLLEGE PKWY	
2.4 CITY-ST-ZIP	FT MYERS FL 33919	
3.1 TITLE	TREASURER	☒ Change ☐ Addition
3.2 NAME	TOEDTLI, ROLF	
3.3 STREET ADDRESS	8695 COLLEGE PKWY	
3.4 CITY-ST-ZIP	FT MYERS FL 33919	
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		

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: [signature] ROLF TOEDTLI 6/19/96 941-437-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #