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 # **P95000076486 (6)**

1. Corporation Name

CARIBE GROUP CORP.

Principal Place of Business	Mailing Address
900 INGRAHAM BLDG. 25 S.E. 2ND AVENUE MIAMI FL 33131	900 INGRAHAM BLDG. 25 S.E. 2ND AVENUE MIAMI FL 33131

3. Date Incorporated or Qualified: 10/05/1995 | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 14260 SW 119 Ave	26 14260 SW 119 Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL	28 City & State: Miami, FL
24 Zip: 33186 25 Country:	29 Zip: 33186 30 Country:

4. FEI Number: 65-0620743 ☐ 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

MURAI, WALD, BIONDO & MORENO, P.A.
25 S.E. 2ND AVE.
SUITE 900
MIAMI FL FL331-31

10. Name and Address of New Registered Agent

81 Name: Carlos E. Martinez
82 Street Address (P.O. Box Number is Not Acceptable): 14260 SW. 119th Ave.
83
84 City: Miami, FL. FL 85 Zip Code: 33186

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: Carlos E. Martinez (P) DATE: 2/2/96
(If FILE Registered Agent Signature required when submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	☐ DELETE	11 TITLE: President	☒ Change ☐ Addition
NAME: MARTINEZ, CARLOS E		12 NAME	
STREET ADDRESS: 14260 S.W. 119TH AVE.		13 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL 33186-~~6110~~		14 CITY-ST-ZIP: 33186-6023	
TITLE	☐ DELETE	21 TITLE: Vice President	☐ Change ☒ Addition
NAME		22 NAME: Raul A. Martinez	
STREET ADDRESS		23 STREET ADDRESS: 14260 SW 119 Avenue	
CITY-ST-ZIP		24 CITY-ST-ZIP: Miami, FL 33186-6023	
TITLE	☐ DELETE	31 TITLE: Vice President	☐ Change ☒ Addition
NAME		32 NAME: Emilio J. Martinez	
STREET ADDRESS		33 STREET ADDRESS: 14260 SW 119 Avenue	
CITY-ST-ZIP		34 CITY-ST-ZIP: Miami, FL 33186-6023	
TITLE	☐ DELETE	41 TITLE: Sec/Trea	☐ Change ☒ Addition
NAME		42 NAME: Emilio F. Martinez	
STREET ADDRESS		43 STREET ADDRESS: 14260 SW 119 Avenue	
CITY-ST-ZIP		44 CITY-ST-ZIP: Miami, FL 33186-6023	
TITLE	☐ DELETE	51 TITLE: Asst. Sec	☐ Change ☒ Addition
NAME		52 NAME: Fernando J. Martinez	
STREET ADDRESS		53 STREET ADDRESS: 14260 SW 119 Avenue	
CITY-ST-ZIP		54 CITY-ST-ZIP: Miami, FL 33186-6023	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/2/96 (306) 233-6776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #