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

FILED
Jun 20 1996 8:00 am
Secretary of State

DOCUMENT # **P95000078696 (8)**

1. Corporation Name

OLYMPUS MILLS CARRIBEAN INC.

Principal Place of Business	Mailing Address
C/O UNITED CORPORATE SERVICES. INC. 801 N.E. 167TH STREET. SUITE 300 NORTH MIAMI BEACH FL 33162	C/O UNITED CORPORATE SERVICES. INC. 801 N.E. 167TH STREET. SUITE 300 NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified: 10/13/1995 | 3a. Date of Last Report:

2. Principal Place of Business
21: 749 W. 17TH St.
22: Suite, Apt. #, etc.:
23: City & State: Hialeah. FL.
24: Zip: 33013 25: Country: DADE.

2a. Mailing Address
26:
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip: 30: Country:

4. FEI Number: a/f. ☐ 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

UNITED CORPORATE SERVICES, INC.
C/O UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

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 of new registered agent required when applicable) (NOTE: Registered Agent signature required when qualifying) DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARR, RAY A 10 BANK STREET WHITE PLAINS NY 10606	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Pres Roland Breton 2225 N.E. 15TH. CT. FT. LAUDERDALE, FL. 33340	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKUBICKI, MARK 10 BANK STREET WHITE PLAINS NY 10606	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	SECRETARY BRYAN MORLEY 1943 HARTFORD WAY CORAL SPRINGS FL 33071	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	100001869741 -06/20/96--01054--052 ***225.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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JR

CR2E034 (12/95)

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)(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: x _____ 4/29/96 305 885 4467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #