

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 24 AM 11:17

DOCUMENT # P95000083039  
1. Corporation Name

CARIBE AUTO, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
4002 Caban Court, Orlando, FL 32822

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 4002 Caban Ct. Orl. Fl.		26 S.A.A.		10-26-95		10-26-95	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Orlando, Fl. 32822		28 Orlando, Fl. 32822		59-3343245		Not Applicable	
24 City & State		29 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Orlando, Fl. 32822		30 Orlando, Fl. 32822		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26 Zip		27 Country		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes		Yes No	
28 Zip		29 Country		30			

9. Name and Address of Current Registered Agent

Julio E. Gonzalez  
4002 Caban Court  
Orlando, FL 32822

10. Name and Address of New Registered Agent

81 Name	James P. Robinson
82 Street Address (P.O. Box Number is Not Acceptable)	4002 Caban Court
83 City	Orlando, FL 32822
84 Zip Code	FL 32822

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	11 TITLE	Change Addition
NAME	Julio Gonzalez	12 NAME	Secretary
STREET ADDRESS	4002 Caban Ct.	13 STREET ADDRESS	Milton J. Robinson
CITY-ST-ZIP	Orlando, Fl. 32822	14 CITY-ST-ZIP	4781 White Heron Dr.
TITLE	DELETE	21 TITLE	Melbourne, Fl. 32834
NAME	James P. Robinson	22 NAME	Rosa I. Robinson
STREET ADDRESS	4002 Caban Ct.	23 STREET ADDRESS	Vice-president-Treasurer
CITY-ST-ZIP	Orlando, Fl. 32822	24 CITY-ST-ZIP	4002 Caban Ct.
TITLE	DELETE	31 TITLE	Orlando, Fl. 32822
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	DELETE	41 TITLE	900002037359--4
NAME		42 NAME	-10/29/96--01070--020
STREET ADDRESS		43 STREET ADDRESS	*****35.00 *****35.00
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	DELETE	51 TITLE	900002037359--4
NAME		52 NAME	-12/24/96--01139--001
STREET ADDRESS		53 STREET ADDRESS	*****26.25 *****26.25
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-96 (407) 382-7120

CR2E034 (3/96)