

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000083039 (4)

1. Corporation Name
CARIBE AUTO, INC.

Principal Place of Business

8710 E COLONIAL DR
ORLANDO FL 32817
US

Mailing Address

4002 CABAN COURT
ORLANDO FL 32822-7678



3. Date Incorporated or Qualified
10/26/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3343245

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

GONZALES, JULIO E
4002 CABAN COURT
ORLANDO FL 32822

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JULIO E. GONZALEZ	
STREET ADDRESS	4002 CABAN COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JAMES ROBINSON	
STREET ADDRESS	4002 CABAN COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROSA ROBINSON	
STREET ADDRESS	4002 CABAN CT.	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James Robinson
2.3 STREET ADDRESS	4002 Caban Ct.
2.4 CITY-ST-ZIP	Orlando, FL 32822
3.1 TITLE	VP/SECY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rosa Robinson
3.3 STREET ADDRESS	4002 Caban Ct.
3.4 CITY-ST-ZIP	Orlando, FL 32822
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Milton J. Robinson
4.3 STREET ADDRESS	8710 E. Colonial Dr.
4.4 CITY-ST-ZIP	Orlando, FL 32817
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-382-7120

CR2E034 (9/96)