

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 15 1997 8:00am
Secretary of State

DOCUMENT # P95000083880 (1)

1. Corporation Name

CARIB SUPPLY & EXPORT INC.



Principal Place of Business

Mailing Address

~~351 MINORCA AVENUE
SUITE A
CORAL GABLES FL 33134~~

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SUITE A
CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1995

3a. Date of Last Report

02/01/1996

4. FEI Number

74-2768362

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1217 SW 1st Ave

2a. Mailing Address

26 1217 SW 1st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Ft Lauderdale FL

27 City & State

28 Ft Lauderdale FL

24 Zip 33315

25 Country USA

29 Zip 33315

30 Country USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 PD ☒ DELETE

NAME DEATH, PETER H
STREET ADDRESS C/O 351 MINORCA AVE
CITY-ST-ZIP CORAL GABLES FL

TITLE DT ☒ DELETE

NAME FLORES, MEL
STREET ADDRESS C/O 351 MINORCA AVE
CITY-ST-ZIP CORAL GABLES FL

TITLE DS ☒ DELETE

NAME OSBORNE, PHILIP
STREET ADDRESS C/O 351 MINORCA AVE
CITY-ST-ZIP CORAL GABLE FL

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 Paul Biffen
1.3 STREET ADDRESS 1217 SW 1st Avenue
1.4 CITY-ST-ZIP Ft. Lauderdale, Florida 33315

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Marcia Bell
2.3 STREET ADDRESS 1217 SW 1st Ave
2.4 CITY-ST-ZIP Ft. Lauderdale, Florida 33315

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Shawn Breeze
3.3 STREET ADDRESS 1217 SW 1st Ave
3.4 CITY-ST-ZIP Ft. Lauderdale, Florida 33315

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

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

Shawn Breeze

1217 SW 1st Ave

CR2E034 (4/97)