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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ,

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092488 (2)

CARIBBEAN BOUTIQUE, INC.

Principal Plac 5140 SPRINGW TAMPA FL 336		Mailing Address 5140 SPRINGWOOD DRIVE TAMPA FL 33624-4837					
				3. Date Incorpora 12/04/1995	ted or Qualified	3a. Date of Last 6 05/21/1996	Report
2. Principal F	lace of Bysiness 8 ChapBourne Iri	2a. Mailing Address		4. FEI Number	On 59-33	A	pplied For ot Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.		5. Certificate of S		\$8.75	Additional equired
City & Stat		City & State		B. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24 336	Gountry	Zip 3	Country	······································	n has liability for in	ntangible tax under	
	9. Name and Address of Current		<u> </u>	10. Name and Add			
PiZZ	ICA, ROBERTO		81 Name	ROBERTO	Pizzic	-	·····
5140 SPRINGWOOD DRIVE			82 Street A	ddress (P.O. Box Numbe			
TAMPA FL 33624			102	68 CHAD	Boued 5	" PRIVE	
83							
			84 City			last wa	0-4-
84 City TA				TAMIPA		FL 85 49	2274
11. Pursuant	to the provisions of Sections 607.0502	arıd 607.1508, Florida Statutes	the above-named	cornoration submits this et	tatement for the pu	rpose of changing	its registered
agent Fa	registered agent, or both, in the State om familiar with, and accept the obligation	of Florida. Such change was aut tions of, Section 607.0505, Florid	norized by the corp da Statutes.	oration's board of director	s. I hereby accept	t the appointment as	registered
SIGNATURE	•	ROBER	7/3 *	2ZICA		1-24-97	•
	Stgnature, typed or printed name of registered agon		Registered Agent signature r			DATE	
12.	OFFICERS AND		13,	ADDITIONS/CH/	ANGES TO OFFICE	ERS AND DIRECTO	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	PIZZICA, ROBERTO		1.2 NAME				
STREET ADDRESS	5140 SPRINGWOOD DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33624		1.4 CiTY-ST-ZiP				
TITLE	STD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	RODRIGUEZ, MARIA T		2.2 NAME				
STREET ADDRESS	5140 SPRINGWOOD DRIVE		2.3 STREET ADDRESS				
CHY-ST-ZIP	TAMPA FL 33624	I Torrese	2. 4 CITY - ST - ZIP		·····	— —	111111111111111111111111111111111111111
TITLE		☐ DELETE	31 TITLE			☐ Change	Addition
NAME			3.2 NAME			L _{ex}	
STREET ADDRESS			3.3 STREET ADDRESS			**	
CITY - ST - ZIP		Taries	3.4. CHY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREET ADDRESS	/			:
CITY-ST-ZIP		The same	4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE	. /		[Change	Addition

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

5.2 NAME

6.1 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIP

DELETE

Change

Addition

FILED

Feb 13 1997 8:00am

Secretary of State