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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000035269 (5) DOCUMENT

CARIBBEAN SIGNS CORPORATION

Principal Place of Business	Mailing Address
5101 SW 137TH CT. MIAMI FL 33175	5101 SW 137TH CT. MIAMI FL 33175

FILED May 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/23/1996 FEI Number 2. Principal Place of Business Mailing Address Applied For 21 26 65-0659837 Not Applicable Suite, Apt. #, etc Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Zip Country Country This corporation owes or has paid the current year Intangible ☐ Yes □ Ño 24 25 30 Personal Property Tax due June 30. 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DUVERGE, ANTONIO 5101 SW 137TH CT. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33175** 84 City Zip Code 11. Pursuant to the provisions of Soctions 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. Hereby accept the appointment as registered agent. Fam 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 Agen) signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 TITLE Change Addition DUVERGE, ANTONIO A NAME 1.2 NAME 5101 SW 137TH CT. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE DS 2.1 TITLE DUVERGE, ASIA V NAME 2.2 NAME 5101 SW 137TH CT. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition TITLE 5 1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

4. Thereby certify that the information supplied with this filing doos 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 or a statistic ment with an address.

SIGNATURE:

04-29-1998

305-5548417