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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000045997 (9)**

1. Corporation Name
CARIBBEAN TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
9621 FONTAINBLEAU BLVD. #207 MIAMI FL 33172	9621 FONTAINBLEAU BLVD. #207 MIAMI FL 33172-6855

3. Date Incorporated or Qualified: 05/30/1996
3a. Date of Last Report: —

2. Principal Place of Business	2a. Mailing Address
21 8181 NW 36th STREET	26 8181 NW 36th STREET
Suite, Apt. #, etc. 22 20 E-F	Suite, Apt. #, etc. 27 20 E-F
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FL
Zip / Country 24 33166 / 25 U.S.A.	Zip / Country 29 33166 / 30 U.S.A

4. FEI Number: —
☑ Applied For ☐ Not Applicable

6. 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

THE PRENTICE-HALL CORPORATION SYSTEMS, INC
1201 HAYS STREET
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, LANCELOT F		1.2 NAME	
STREET ADDRESS	2 CONSTANT SPRING ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 10, JAMAICA W.I.		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, LLEWELYN A		2.2 NAME	
STREET ADDRESS	2 CONSTANT SPRING ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 10, JAMAICA W.I.		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, WENDELL A		3.2 NAME	
STREET ADDRESS	10-12 GRENADA CRESCENT		3.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CHIN, RICHARD K		4.2 NAME	
STREET ADDRESS	10-12 GRENADA CRESCENT		4.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HENRY, EWART E		5.2 NAME	
STREET ADDRESS	10-12 GRENADA CRESCENT		5.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: R. Chin 27 MARCH 1997 305-436-9853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #