

2000 UNIFORM BUSINESS REPORT (UBR)

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90180 035 ***150.00

DOCUMENT # P 96000047252
Corporation Name

CARABANA FINANCE CORP.

851750

Principal Place of Business
847 N.W 119th STREET
STE # 205
MIAMI FL,33168

Mailing Address
847 N.W 119th STREET
STE # 205
MIAMI FL,33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/04/1996

4. FEI Number
65-0669816

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

WRIGHT,DENNIS
5760 NW 191st TERRACE
MIAMI FL,33015

10. Name and Address of New Registered Agent

81 Name
BRYANT, BERNARD

82 Street Address (P.O. Box Number is Not Acceptable)
847 N.W 119st STREET

83 STE # 205

84 City MIAMI FL 85 Zip Code 33168

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 *Dennis Wright*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4-22-2000

OFFICERS AND DIRECTORS

P/D	WRIGHT,DENNIS	<input type="checkbox"/> DELETE
ST ADDRESS	5760 N.W 191st TERRACE	
ST ZIP	MIAMI FL,33015	
D	SAMUELS,PATRICK	<input type="checkbox"/> DELETE
ST ADDRESS	5760 N.W 191 st TERRACE	
ST ZIP	MIAMI FL,33015	
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: *Dennis Wright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-22-2000
Daytime Phone #

CR2E034 (11/98)