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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine davris

---FILED___ ANNUAL REPORT Secretary of State 00 JAN -3 AM 11: 22 1999 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT #** P960000 58040 1. Corporation Name AMERI-CARIB Employment AGENCY, Inc Principal Place of Business Mailing Address 2021 nw 64 ave

FT. Land. FI	SAME	Γ,	98-7	La parte.	DO NOT WRIT	E IN THIS	SPACE	
33313	NSTATEMEN		The state of the s	Date Incorporat	ed or Qualifed			
2. Principal Place of Business	2a. Mailing Address		 -	4. FEI Number		 -	$\neg \Box$	Applied For
121-2021 NW 6-Yave	26 SAME		i	65-070)462			Not Applicable
Suite. Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Sta	atus Desired		-	5 Additional Required
City & State 23 FT. Land. FT	City & State			6. Election Campa Trust Fund Con	-	0		00 May Be ed to Fees
Zip Country	Zip Cou	intry		8. This corporation	owes the curre	int year Inta	angible	
24 33313 25 BROWARD	29 30			Personal Prope	rty Tax.		☐ Yes	□No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
Michael A. Altheson					Del gado			
4699 N. ST. Pd. 7 ste A-1			Street Addres	s (P.O. Box Number		ole) 		
TAMARACIE 33319				•				
•	,	84	City FT.	aud.		FL	85 2	Cip Code 333/3
11. Pursuant to the provisions of Sections 607.0502 affice or registered regist, or both, in the State of	Florida. Such change was authorized	I by th						
agent. I am familiar/with, and accept the obligation	no digoection dominous, Florida Stati	uics.					,	

office or agent. I a	registered agent, or both, in the State of Florida. So am familiar/lyith, and accept the colligations of Sec	uch change was aut tion 607.0505, Flori	thorized by the corp da Statutes.	oration's board of directors. I hereby accept the ap	pointment as reg	jistered				
SIGNATURE	Africana Jeloda			7/3	5/199					
	Signature Typed of printed name pyregistered agent and title if applic	able INOTE: F	tegislered Agent signature	required when reinstating) DATE						
12.	2. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
Total	President	☐ DELETE	11TITLE	President and	⊡ -€hange	Adailion 🔲				
SAME	Roseman Jelgado		1 2 NAME	Rosemoily Delgado						
STREET ADDRESS	2021 NW Gyave		1.3 STREET ADDRESS	2021 nw lectare						
C)TY - ST. Z:0	FT, Laus. FT 33313		14 CITY-ST-ZIP	Resident Delgado Rosemala Delgado 2021 No leviare FF. Land. FC 33313						
TITLE	Secy.	DELETE	2.1 TITLE		☐ Change	Addition				
NAME	Michael Altheson .		2.2 NAME	40000000	നാദ്യേഷം	2				
STREET ADDRESS	2021 nu 64ave		23 STREET ADDRESS	40000309 		308 				
S.5+ S.5-Z.F	FT. Land. FL 33313	•	2 4 CITY-ST-ZIP	****150.0						
Title		DELETE	31 TITLE		. Change	Addition				
NAME:	i 1		32 NAME							
CTHAFT AGGAESS			33 STREET ADDRESS							
5.17 Ta 7.E			34 CHY-S1-ZiP							
		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition				
1,417)			4 2 NAME	d manager	on that					
17436740UVESS			4 3 STREET ADDRESS	40000309 -01/06/00-						
27447-2P	` .		4 4 CITY-ST-ZIP	****793.7						
	·	DELETE	5 1 TITLE	<u> </u>	Change	Addition				
			52 NAME		Shange					
VV5			3							
377887 47,04858			5.3 STREET ADDRESS	Į.						

64 CITY-ST-ZIP 14. If the reby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information accounts annual report or supplemental annual report is true and accounte and that my signature shall have the same legal effect as if made under path; that I am an invertige of uncertor 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 £501. 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6 1 TITLE

62 NAME

SIGNATURE:

1,27%

☐ DELETE

S. PAYNE

Change

JAN 5 - 2000

Addition