

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000071358 (1)

1. Corporation Name

CARIBBEAN PARTNERS, INC.

Principal Place of Business

Mailing Address

ONE BAYFRONT PLAZA
100 S. BISCAYNE BLVD., SUITE 1100
MIAMI FL 33131

ONE BAYFRONT PLAZA
100 S. BISCAYNE BLVD., SUITE 1100
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1996

4. FEI Number

65-0689291

Applied For

Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLO, TIBOR
ONE BAYFRONT PLAZA
100 S. BISCAYNE BLVD., SUITE 1100
MIAMI FL 33131

81 Name

Myer Feldman

82 Street Address (P.O. Box Number is Not Acceptable)

380 Harbor Drive

83

84 City

Key Biscayne

FL

85 Zip Code
33149

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

Myer Feldman MYER FELDMAN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HOLLO, TIBOR
STREET ADDRESS 100 S BISCAYNE BLVD SUITE 1100
CITY- ST- ZIP MIAMI FL

☐ DELETE

TITLE VSD
NAME HOLLO, WAYNE
STREET ADDRESS 100 S BISCAYNE BLVD SUITE 1100
CITY- ST- ZIP MIAMI FL

☐ DELETE

TITLE P/D
NAME Feldman, Myer
STREET ADDRESS 380 Harbor Drive
CITY- ST- ZIP Key Biscayne, FL 33149

☐ DELETE

TITLE D
NAME Feldman, James
STREET ADDRESS 3750 Oliver Street, NW
CITY- ST- ZIP Washington, DC 20015

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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.

Myer Feldman MYER FELDMAN

4/14/98

202-137-9075

CP2E034 (10/97)