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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 14 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081761 (4)

CARIBBEAN MARKETING CORPORATION

Principal Place	e of Business	Mailing Address	Mailing Address					
3881 W FLAGLER ST #133 MIAMI FL 33134		3881 W FLAGLER ST #133 MIAMI FL 33134-1619						
						09/30/1996	Date of Last Report	
2. Principal P	lace of Business	2a. Mailing Address				#: FEI Number	Applied For	
21		26				x650704207	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State				6. Election Campaign Financing	\$5.00 May Be	
23	1 0	28	T Co			Trust Fund Contribution	Added to Fees	
Zip	├──┐ ` ├ ──┐ ' ├── ┐			Unitry 8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes ☐ Yes ☐ No				
24	25 g. Name and Address of Curren	29 t Registered Agent	30			10. Name and Address of New Registere		
					Name	10. Harris and Addison of New Yorks	o rigoria	
	1 W FLAGLER ST #133			\Box				
1	MI FL 33134			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
mics	IN 1 E 55 154		ł	83		***************************************		
				84	City	F	85 Zip Code	
11, Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statu	ites, the at	oove	e-named corpo	ration submits this statement for the purpose	e of changing its registered	
I Office or r	registered agent, or both, in the State om familiar with, and accept the obliga-	of Florida, Such change was	authorized	o dv	the corporation	on's board of directors. I hereby accept the a	appointment as registered	
SIGNATURE								
SIGNATURE	Stanature, typed or printed name of real times ago	ot and title if applicable (NC	TE: Registered	i Age	nt signature required	5 when reinstating) DATE	E	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	S	☐ DELETE	1.3 111	ſLΕ			Change Addition	
NAME	URRIARTE, MERCY		12 NA	ME.				
STREET ADDRESS	3881 W FLAGLER ST #133		1357	REET	ADDRESS			
CITY - ST - ZIP	MIAMI FL 33134	T beleve	14 CITY-ST		T-ZIP			
TITLE		☐ DELETE	2 1 TI				Change Addition	
NAME	URRIARTE, EUGENIO J		2 2 NA					
STREET ADDRESS	3881 W FLAGLER ST #133		23 ST	REET	ADDRESS			
CITY - ST - ZIP	MIAMI FL 33134	F by texa			ST-ZIP		[] Observe [] 1.4300	
TOTLE			3 1 III				Change L Addition	
NAME			32 N/					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE	3.4. Ct		ST-ZIP		Change Addition	
TITLE			1	4 1 TITLE 4 2 NAME			CHAINGE CHAUDITION	
NAME								
STREET ADDRESS					ADDRESS			
CHTY-ST-ZIP		DELETE	4.4 CI		I-ZIP		Change Addition	
TITLE		רין המדכוך	5.1 TH				FT PHRONGE FT MOREGE	
NAME			5.2 NA	_				
STREET ADDRESS					ADDRESS			
CITY-ST-Z-P		Brorse	5.4 CI		T- ZIP		Change Ladre-	
TITLE	1	DELETE	6.1 T(ILE			☐ Change ☐ Addition	

6.2 NAME

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

6.3 STREET ADDRESS