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FILED
Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000094520 (9)

1. Corporation Name

PTC CARIBBEAN, INC.

Principal Place of Business

3333 POINCIANA AVENUE
COCONUT GROVE FL 33133

Mailing Address

3333 POINCIANA AVENUE
COCONUT GROVE FL 33133-6522

3. Date Incorporated or Qualified

11/19/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CHASE, ALAN R ESQUIRE
9400 S. DADELAND BOULEVARD, SUITE 600
MIAMI FL 33156

3. Date Incorporated or Qualified

11/19/1996

3a. Date of Last Report

4. FEI Number

65-0732834

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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

(Signature required for principal place of business of registered agent and other applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE ☐ DELETE

NAME
PTD
HANFT, JEFFREY
3333 POINCIANA AVENUE
COCONUT GROVE FL 33131

12. TITLE ☐ DELETE

NAME
S
MILITELLO, RICHARD
3333 POINCIANA AVENUE
COCONUT GROVE FL 33133

13. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

15. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

16. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

17. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2.1. TITLE ☐ Change ☐ Addition

2.2. NAME

2.3. STREET ADDRESS

2.4. CITY - ST - ZIP

3.1. TITLE ☐ Change ☐ Addition

3.2. NAME

3.3. STREET ADDRESS

3.4. CITY - ST - ZIP

4.1. TITLE ☐ Change ☐ Addition

4.2. NAME

4.3. STREET ADDRESS

4.4. CITY - ST - ZIP

5.1. TITLE ☐ Change ☐ Addition

5.2. NAME

5.3. STREET ADDRESS

5.4. CITY - ST - ZIP

6.1. TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/97

305-666-6135

CR2E034 (9/96)