

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90117 013 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000094520**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1996

4. FEI Number

65-0732834

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year, Intangible  
Personal Property Tax. ☒ Yes ☐ No2. Principal Place of Business  
21 3740 DE GARMO LANE2a. Mailing Address  
26 3740 DE GARMO LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

23 MIAMI, FL

City &amp; State

28 MIAMI, FL

Zip Country

24 33133-6400 25

Zip Country

29 33133-6400 30

9. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETENAME HANFT, MICHELE  
STREET ADDRESS 3333 POINCIANA AVE  
CITY-ST-ZIP COCONUT GROVE FL 33131TITLE S ☐ DELETENAME HALQUIST, JENNIFER  
STREET ADDRESS 308 EGRT LANE  
CITY-ST-ZIP WESTON FL 33327TITLE D ☐ DELETENAME HULITT, S BROOKS  
STREET ADDRESS 729 S 2ND STREET  
CITY-ST-ZIP PHILADELPHIA PA 19147TITLE D ☐ DELETENAME HULITT, JAMES DOUGLAS  
STREET ADDRESS 729 S 2ND STREET  
CITY-ST-ZIP PHILADELPHIA PA 19147TITLE D ☐ DELETENAME CONGDON, ZEBULAN CLAREN  
STREET ADDRESS 729 S 2ND STREET  
CITY-ST-ZIP PHILADELPHIA PA 19147TITLE VP ☐ DELETENAME Jeffrey Hanft  
STREET ADDRESS 3740 De Garmo Lane  
CITY-ST-ZIP MIAMI FL 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME  
1.3 STREET ADDRESS 3740 DE GARMO LANE  
1.4 CITY-ST-ZIP MIAMI, FL 33133-64002.1 TITLE ☐ Change ☐ Addition2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)