

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 06 1998 8:00am
Secretary of State

DOCUMENT # P97000038262 (6)

1. Corporation Name

CARIBBEAN ACQUISITION CORPORATION

Principal Place of Business

2875 N.E. 191ST STREET
SUITE 500
AVENTURA FL 33180

Mailing Address

2875 N.E. 191ST STREET
SUITE 500
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1997

2. Principal Place of Business

21 18400 West Dixie Highway

Suite, Apt. #, etc.

22 Suite D

City & State

23 North Miami Beach, Florida

Zip

24 33160

Country

25 USA

2a. Mailing Address

26 18400 West Dixie Highway

Suite, Apt. #, etc.

27 Suite D

City & State

28 North Miami Beach, Florida

Zip

29 33160

Country

30 USA

4. FEI Number

65-0776064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

FLINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33314-4132

10. Name and Address of New Registered Agent

81 Name

Howard Shidlowsky

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

18400 West Dixie Highway, Suite D

83

84

City North Miami Beach

FL

85

Zip Code
33160

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, of both 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 agree to the provisions of Section 607.0405, Florida Statutes.

SIGNATURE

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

Howard Shidlowsky

(NOTE: Registered Agent signature required when reinstating)

3/27/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME
LISS, MITCHELL
STREET ADDRESS
2875 N.E. 191ST ST. SUITE 500
CITY-ST-ZIP
AVENTURA FL 33180

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

Howard Shidlowsky

SIGNATURE:

3/27/98

(305) 935-6533

CR2E034 (10/97)