DOCUMENT # **P97000073660**

1. Entity Name

CARIBBEAN AMPHIBIAN INC.

Principal Place of Business	Mailing Address
318 SUMER SEA MM 88.5 US 1 TAVERNIER FL 33070	C/O CATHI HILL 26 CAMBRIDGE PL WAYNE NJ 07470 US

2. Principal Place of Business	**3.** Mailing Address
208 mohawk ST. Suite, Apt. #, etc.	208 mohawk ST Suite, Apt. #, etc.
City & State TAVERNIER Fl	City & State TAVERNIER, FL.
Zip 33070	Country U.S.	Zip 33070	Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0788139**	Applied For / Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
BUSINESS FILINGS INCORPORATED 1 EAST BROWARD BLVD. SUITE 700 FORT LAUDERDALE FL 33301-0000	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒	**FILE NOW!!! FEE IS $150.00** After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State	**10.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS			**12.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D		☐ Delete	TITLE	Hill, Cathi 208 mohawk ST TAVERNIER, Fl. 33070	☒ Change ☐ Addition
NAME	HILL, CATHI			NAME		
STREET ADDRESS	26 CAMBRIDGE PLACE			STREET ADDRESS		
CITY-ST-ZIP	WAYNE NJ 07470			CITY-ST-ZIP		
TITLE	D		☐ Delete	TITLE	Hill, RONALD J. 208 mohawk ST. TAVERNIER, Fl. 33070	☒ Change ☐ Addition
NAME	HILL, RONALD J			NAME		
STREET ADDRESS	26 CAMBRIDGE PLACE			STREET ADDRESS		
CITY-ST-ZIP	WAYNE NJ 07470			CITY-ST-ZIP		
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		

CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD J. Hill   Ronald Hill   1-4-01   853-0745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #