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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90035 020 ***150.00

305) 673-7000

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1. Corporation Name

Principal Place of Business

SIGNATURE:

CARIBE CONSTRUCTION GENERAL CONTRACTORS INC.

	ST, APT 506	1465 NE 123RD ST. APT 506	*	ł
IORTH MIAMI	FL 33161	NORTH MIAMI FL 33161		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				09/08/1997
Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
,	35 N.E 9 ct.	26 20635 N.E	9 ct	. 65-0777599 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	• • • • • • • • • • • • • • • • • • • •	City & State 28 Miani Fu	<u></u>	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip 331	Country	Zip 29 33/79 30	Country	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
1	9. Name and Address of Current			10. Name and Address of New Registered Agent
	5. Name and Address of Current	registered rigent	81 Name	
0ZU	JNA, JOSE D			<u></u>
	5 NE 123RD ST, APT 506		82 Stree	et Address (P.O. Box Number is Not Acceptable)
NOF	RTH MIAMI FL 33161		83 =	20635 N.E 9 Ct.
			84 City	MIÀM j FL 85 Zip Code 33/79
office or r	registered agent, or both, in the State o	f Florida. Such change was autho	rized by the cor	ed corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Reci	stered Agent signature	re required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		1.1 TITLE	. Change Additio
IAME	OZUNA. JOSE D	1	1.2 NAME	
STREET ADDRESS	NE OT	1	1.3 STREET ADDRES	SS
CITY-ST-ZIP	NORTH MIAMI FL 33161	I	1.4 CITY-\$T-ZIP	
TITLE	V	DELETE	2.1 TITLE	☐ Change ☐ Additio
NAME	ROBERTS, JORGE J	1	2.2 NAME	}
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	2.3 STREET ADDRES	ss
CITY-ST-ZIP	MIAMI FL 33183		2. 4 CITY-ST-ZIP	
TITLE	Marini 1 E 00 100		3.1 TITLE	☐ Change ☐ Additio
NAME			3.2 NAME	
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CITY-ST-ZIP		1	3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	∴ Change Additio
NAME	{		4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	SS .
CITY-ST-ZIP	}	1	4.4 CITY-ST-ZIP	- House va
TITLE	 	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	}	1	5.2 NAME	
STREET ADDRESS		1	5.3 STREET ADDRES	ss
	"[1	5.4 CITY-ST-ZIP	1
CITY-ST-ZIP TITLE	 	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	}		6.2 NAME	
ANNE	1		6.3 STREET ADDRES	ee
TOPET ADODESE	• 1			

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 address, with all other like empowered.