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

DOCUMENT # 1. Corporation Name P97000092997 (0)

CARIBE INTERNATIONAL, CORP.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED Apr 20 1998 8:00am Secretary of State

- E KANKINDA NA INDIN NADI	. ODDA1 BOMI DBIII QDIAQ	. 19118-11948-1944-1941-1941-1981

305-446-1115

	TH ST CIRCLE	10155 NW 9TH ST CIRCLE				
#401 MIAM! FL 33	172.9204	#401 Miami Fl. 33172-3204		DO NOT WRITE IN THIS SPACE		
MIMMI I L 33	TEGEON	MIAMI 1 C 33172'0204		3. Date Incorporated or Qualified		
				10/29/1997		
2. Principal P	lace of Business	2a. Mailing Address	. / -	4. FEI Number Applied For		
21 /000	PORE De Leon BUd.	26 1000 Tonce	DE Leon B	114 65-079072 Not Applicable		
Sulte Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
22 #1//	<u> </u>	1=11		Fee Required		
City & State	1 Groles Fl	City & State 6,	nolos F	6. Election Campaign Financing \$5.00 May Be		
	Country	1201	Country			
رو و الم	134 1 1/5A	⁷ 33/34/30		8. This corporation owes or has paid the current year Intahgible Personal Property Tax due June 30. Yes No		
24/	9. Name and Address of Current		0	10. Name and Address of New Registered Agent		
	ILBRON, GLENN P		81 Name			
	155 NW 9TH ST CIRCLE			GUSTAUD HADRIGA!		
#4			82 Street	Address (P.O. Box Number is Not Acceptable)		
	AMI FL 33172-3204		83			
WIL	AMI FE 33 172-3204					
			84 City	//m// FL 85 ² g G プリフユ		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	the above-numed			
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida, Such change was auti	horized by the corp	corporation submits this statement for the purpose of changing its registered poration board of directors. I hereby accept the appointment as registered		
_	COUSTAVO MADIIL	/	Kolaidies.	3/31/98		
SIGNATURE	Signature, typed or printed name or registered agent		egistered Agent signature	require(when reinstaling) DATE		
12.	OFFICERS AND		\13 .	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	J .s TITLE	President Change Addition		
NAME	H EILBRON, GLENN P	-	1.2 NAME	GUSTAUD HADILGA!		
STREET ADDRESS	10155 NW 9TH ST CIRCLE		1.3 STREET ADDRESS	IDIST NIW 95T CITCLE #401		
CITY-ST-ZIP	MIAMI FL 33172-3204		1.4 CITY-ST-ZIP	6015TAVO AFADITEA/ 10155 DIW 95T 01100 \$40) MIMMI PT 33132		
TITLE		☐ DELETE	2.1 TITLE	Change Addition		
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition ☐		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4. CITY-ST-ZIP			
TITLE		∟ DELETE	4.1 TITLE	Change Addition		
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	- <u></u> -		4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE	Change Addition		
NAME			5.2 NAME	ļ		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY - ST - ZIP			
TITLE		L DELETÉ	61 TITLE	☐ Change ☐ Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I hereby o	ertify that the information supplied with on this annual report or supplemental :	r this filing does not qualify for the	he exemption state ate and that my side	d in Section 119.07(3)(i). Florida Statutes, I further certify that the information I nature shall have the same legal effect as if made under path; that I am an		
officer or	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 supply mental 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 of the relieiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an all achieves.					
BIOCK 12	or block 13 if changed, or/on an alfach	ment with an address		, 1		