07071999-90004-009-$150.00-$150.00

999.

AMOUNT DUE ON OR BEFORE [illegible]

FILED
Jul 07, 1999 8:00 am
Secretary of State

07-07-1999 90004 009 ***150.00
08-04-1999 90005 007 ***408.75

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000058884

1. Corporation Name
CARIBBEAN SUN, INC.

Principal Place of Business
231 ALTARA AVENUE
CORAL GABLES FL 33146

Mailing Address
231 ALTARA AVENUE
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1998

2. Principal Place of Business: 8600 N.W. South River Dr.	2a. Mailing Address: 8600 N.W. South River Dr.
Suite, Apt. #, etc.: Suite #223	Suite, Apt. #, etc.: Suite #223
City & State: Miami, FL	City & State: Miami, FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number: 65-0811284 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DE TORO, MIRIAM
231 ALTARA AVENUE
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
D	MALAVE, RAMON I	AVENIDA SANTIAGO MARINO CENTRO COMMECIAL	PORLAMAR ESTADO NUEVA ESPART	☐ DELETE
D	MALAVE, FRANCIA I	AVENIDA SANTIAGO MARINO CENTRO COMMECIAL	PORLAMAR ESTADO NUEVA ESPART	☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(blank entries 1–6: Title, Name, Street Address, City-St-Zip; ☐ Change ☐ Addition)

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.

SIGNATURE: [signature] 07/02/99 305 888 9001
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

CR2E034 (5/99)