

**FILE NOW: FILING FEE AFTER M**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT 20 PM 12:19

DOCUMENT # **P98000020972**

1. Corporation Name

**FLORI-CARIBE PRODUCT INC**

Principal Place of Business

Mailing Address

**1420 GEMINI BLVD #8 1420 GEMINI BLVD #8  
ORLANDO FL 32837 ORLANDO FL 32837**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**02/07/98**

4. FEI Number

**59-3520662**

Applied For

Not Applicable

5. Certificate of Status Desired

**X**

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**0**

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

**0** Yes **0** No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**JULIO MOLINA  
8614 BRACKENWOOD DR  
ORLANDO FL 32829**

**800003026978-3**

**-10/27/99-01098-901**

**\*\*\*158 FL \*\*\*158 75**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13.

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

**P  
O'LEARY, WALTER G  
20281 E. COUNTRY CLUB DR UNIT 803  
AVENTURA FL 33180  
ST.  
RAMON HOLGAIN  
507 PORTLAND CIRCLE  
APOPKA FL 32703  
D  
THELMA RODRIGUEZ  
601 S. FISKE BLVD  
LOCOA FL 32833  
D  
YADIRA HERMANDEZ  
507 PORTLAND CIRCLE  
APOPKA FL 32703  
D  
O'LEARY, ANA M  
20281 E. COUNTRY CLUB DR UNIT 803  
AVENTURA FL 33180**

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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 my address, with all other like empowered.

SIGNATURE: **Walter G O'Leary** **WALTER G. O'LEARY** **10/15/99** **305-932-1815**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)