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**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90072 010 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000063053**

1. Corporation Name

**CARIBBEAN BUSINESS & DEVELOPMENT GROUP, INC.**

Principal Place of Business

9601 SOUTHWEST 142ND AVENUE  
UNIT 1024  
MIMI FL 33186

Mailing Address

9601 SOUTHWEST 142ND AVENUE  
UNIT 1024  
MIMI FL 33186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

USA

3. Date Incorporated or Qualified

07/17/1998

4. FEI Number

65-0851761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

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

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

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD  
NAME HAMILTON, MARK A  
STREET ADDRESS 9601 SOUTHWEST 142ND AVENUE  
CITY-ST-ZIP MIMI FL 33186

TITLE STD  
NAME AGARD, KOVIA M  
STREET ADDRESS 9601 SOUTHWEST 142ND AVENUE  
CITY-ST-ZIP MIMI FL 33186

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE CIDIP  
1.2 NAME HAMILTON, MARK A  
1.3 STREET ADDRESS 9601 SW 142 AVE  
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33186

2.1 TITLE S/T  
2.2 NAME AGARD, KOVIA M  
2.3 STREET ADDRESS 9601 S.W. 142 AVE  
2.4 CITY-ST-ZIP MIAMI, FLORIDA 33186

3.1 TITLE V  
3.2 NAME GRIFFITH, DAVE A  
3.3 STREET ADDRESS PO BOX 720396  
3.4 CITY-ST-ZIP MIAMI, FL 33186

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

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK HAMILTON

Date

Daytime Phone #

4/30/99

305-287-5792

CR2E034 (11/98)