

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000071701

1. Corporation Name

CARIBBEAN ATLANTIC SUPPLY, INC.

**\*\*AMENDED ANNUAL REPORT\*\***

99 AUG -2 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1256 IBIS AVENUE  
MIAMI SPRINGS FL 33166

Mailing Address

1256 IBIS AVENUE  
MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1998

4. FEI Number

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7669 NW 50ST

Suite, Apt. #, etc.

22 ~~MIAMI~~

City & State

23 MIAMI FL

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 7669 NW 50ST

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33166

Country

30

9. Name and Address of Current Registered Agent

ELZA, ERIC

1256 IBIS AVENUE

MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name

JAN K. SEIDEN, ESQ.

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

2250 S.W. 3<sup>RD</sup> AVE

83

FIFTH FLOOR

84 City

MIAMI

FL

85 Zip Code

33129

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

ELZA, ERIC

STREET ADDRESS

1256 IBIS AVENUE

CITY-ST-ZIP

MIAMI SPRINGS FL 33166

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DIRECTOR AND PRESIDENT

ELZA, ERIC

1256 IBIS AVENUE

MIAMI SPRINGS, FL 33166

DIRECTOR, SECRETARY/TREASURER

ELZA, LINDA

1256 IBIS AVENUE

MIAMI SPRINGS, FL 33166

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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 an address, with all other like empowered.

SIGNATURE:

Eric Elza

4/30/99 592-112