

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 # P98000072415

1. Corporation Name

CARIBE BUILDERS CORP.

Principal Place of Business

**900 INGRAHAM BUILDING
25 SOUTHEAST 2ND AVENUE
MIAMI FL 33131**

Mailing Address

**900 INGRAHAM BUILDING
25 SOUTHEAST 2ND AVENUE
MIAMI FL 33131**

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90013 046 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1998

4. FEI Number

65-0872049

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 14260 SW 119 Ave

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33186

Country

25 USA

2a. Mailing Address

26 14260 SW 119 Ave.

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33186

Country

30 USA

9. Name and Address of Current Registered Agent

**MURAI, WALD, BIONDO & MORENO, P.A.
900 INGRAHAM BUILDING
25 SOUTHEAST 2ND AVENUE
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

Miren Arnaiz

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

14260 SW 119 Ave

83

84 City

Miami

FL

85 Zip Code

33186

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/15/99

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☐ Change ☒ Addition

1.2 NAME

Carlos E. Martinez

1.3 STREET ADDRESS

14260 SW 119 Ave.

1.4 CITY-ST-ZIP

Miami, FL 33186

2.1 TITLE

Vice President

☐ Change ☒ Addition

2.2 NAME

Raul Martinez

2.3 STREET ADDRESS

14260 SW 119 Ave.

2.4 CITY-ST-ZIP

Miami, FL 33186

3.1 TITLE

Secretary

☐ Change ☒ Addition

3.2 NAME

Fernando Martinez

3.3 STREET ADDRESS

14260 SW 119 Ave.

3.4 CITY-ST-ZIP

Miami, FL 33186

4.1 TITLE

Treasurer

☐ Change ☒ Addition

4.2 NAME

Miren Arnaiz

4.3 STREET ADDRESS

14260 SW 119 Ave.

4.4 CITY-ST-ZIP

Miami, FL 33186

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

Miren Arnaiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/99 (305) 233-6776

Date

Daytime Phone #

CR2E034 (1/198)

01909300