

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

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90010 047 ***550.00

DOCUMENT # P98000085678

1. Corporation Name

CARIBBEAN EXPRESS EXPORT, INC.

Principal Place of Business

9919 N.W. 10TH ST.
PEMBROKE PINES FL 33024

Mailing Address

9919 N.W. 10TH ST.
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1998

4. FEI Number

65-0871745

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 4170 NW 132 Street

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 Zip 33054

25 Country USA

2a. Mailing Address

26 4170 NW 132 Street

Suite, Apt. #, etc.

27 City & State

28 Miami, FL

29 Zip 33054

30 Country

9. Name and Address of Current Registered Agent

CATO, SCHEHERAZADE
9919 N.W. 10TH ST.
PEMBROKE PINES FL 33024

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

Scheherazade Cato

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ALEXANDER, LESLIE

STREET ADDRESS 9919 N.W. 10TH ST.

CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ DELETE

NAME REYES-NANDAH, ALANA

STREET ADDRESS 9919 N.W. 10TH ST.

CITY-ST-ZIP PEMBROKE PINES FL 33024

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 ☒ Change ☒ Addition

1.2 NAME D/P

1.3 STREET ADDRESS 4170 NW 132 Street

1.4 CITY-ST-ZIP Miami FL 33054

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME D/V/T

2.3 STREET ADDRESS 4170 NW 132 Street

2.4 CITY-ST-ZIP Miami FL 33054

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME D/S

3.3 STREET ADDRESS Cato, Scheherazade

3.4 CITY-ST-ZIP 9919 N.W. 10th Street

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME Pembroke Pines, FL 33024

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

SIGNATURE:

Alana Reyes-Nandah
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99
Date

(954) 966-3373
Daytime Phone #

CR2E034 (11/98)

0143678