

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90117 024 ***150.00

DOCUMENT # P98000089813

1. Corporation Name
CARIBEQUIP CORP.



Principal Place of Business
C/O KIRKPATRICK & LOCKHART, LLP
201 SOUTH BISCAYNE BOULEVARD, 20TH FLOOR
MIAMI FL 33131

Mailing Address
C/O KIRKPATRICK & LOCKHART, LLP
201 SOUTH BISCAYNE BOULEVARD, 20TH FLOOR
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1781 NW 79 Avenue
Suite, Apt. #, etc.
22
City & State
23 Miami, FL
Zip Country
24 33126 25 USA

2a. Mailing Address
26 1781 NW 79 Avenue
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip Country
29 33126 30 USA

3. Date Incorporated or Qualified
10/21/1998

4. FEI Number
65-0892772

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

9. Name and Address of Current Registered Agent

PARKER, CLAYTON E
C/O KIRKPATRICK & LOCKHART, LLP
201 SOUTH BISCAYNE BOULEVARD, 20TH FLOOR
MIAMI FL 33131

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

| | |
|----------------|------------------------------------------------------------|
| TITLE | President/Secretary/Treas. <input type="checkbox"/> DELETE |
| NAME | Phillip John Clements |
| STREET ADDRESS | 1781 NW 79 Avenue |
| CITY-ST-ZIP | Miami, FL 33126 |
| TITLE | Director <input type="checkbox"/> DELETE |
| NAME | Phillip John Clements |
| STREET ADDRESS | 1781 NW 79 Avenue |
| CITY-ST-ZIP | Miami, FL 33126 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| |
|-----------------------------------------------------------------------------|
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME |
| 1.3 STREET ADDRESS |
| 1.4 CITY-ST-ZIP |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME |
| 2.3 STREET ADDRESS |
| 2.4 CITY-ST-ZIP |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME |
| 3.3 STREET ADDRESS |
| 3.4 CITY-ST-ZIP |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME |
| 4.3 STREET ADDRESS |
| 4.4 CITY-ST-ZIP |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME |
| 5.3 STREET ADDRESS |
| 5.4 CITY-ST-ZIP |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** Phillip John Clements, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0190726