TELE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

S08136

(1)

E.C CARIB TRADING, INC.

Principal Place of	of Business	Mailing Address					
43 ALLEN ROAD HOLLYWOOD FL 33023		43 ALLEN ROAD HOLLYWOOD FL	43 ALLEN ROAD HOLLYWOOD FL 33023				
					 Date Incorporated or Qualified 10/22/1990 	3a. Date of L 05/4	ast Report)1/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4, FEI Number		Applied For
21		26	26		65-0226696 Not Applicable		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·,		5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing		5.00 May Be
23		28	_b		Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Zip 29	Country 30		This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \(\sum \text{No} \) Yes \(\sum \text{No} \)		
	Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	tegistered Agei	nt
			8	I Name			
	R, EVEROD EN ROAD		82 Street Addr		dress (P.O. Box Number is Not Acceptable)		
	WOOD FL 33023		8:	3			
			84	City		FL 8	Zip Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of Flo h, and accept the obligations of, Ser	rida. Such change was autho ction 607.0505, Florida Statul	orized by the cor tes.	poration's be	oration submits this statement for the pu pard of directors. I hereby accept the app	ointment as regi	ig its registered office stered agent. I am
	Signature, typed or printed name of registered again	ND DIRECTORS	(NOTE: Flagistered Ag	ent signaturé réqu	ADDITIONS/CHANGES TO OFF	DATE	ECTOPS IN 12
12. 101.6	D OFFICERS A	DELETE	13.		ADDITIONS/CHANGES TO OFF		
NAME	CARTER, EVEROD		1.2 NAM			البا ا	mage 🗀 massium
	43 ALLEN ROAD			ET ADDRESS			
\$TREET ADDRESS	HOLLYWOOD FL		1.3 SINCE 1.4 CITY-				
CITY-ST-ZIP TITLE	D	DELETE	2 1 1111				hange [7] Addition
NAME	CARTER, JAUNICE		2.2 NAM			423	
STREET ADDRESS	43 ALLEN ROAD			ET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		2 4 CITY				
TITLE			3 1 1111				hange 🔲 Addition
NAME			3.2 NAM				
STREET ADDRESS			3.3. STRI	EL1 ADDRESS			
CITY-ST-ZIP			3.4 CITY	- ST- ZIP	·		
TITLE		☐ DELETE	4. 1 T(T)	E		□ c	hange Addition
NAME			4.2 NAM	F			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		☐ DELETE	5. 1 TiTL				hange 🔲 Addition
NAME			5.2 NAM				
STREET ACORESS				ET ADDRESS			
CITY-ST-ZIP		F7 64.5-1	5.4 CITY				hanna 🗂 Addition
TITLE		☐ DELETE	6. 1 TITU				hange Addition
NAME			6.2 NAM				
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP			6.4 C(1)		fy for the exemption stated in Section 119	07/24/4 Elected	Cintura I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 eath; 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.

SIGNATURE: SIGNATURE AND THE DOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR