

PROFIT CORPORATION . ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90267 016 ***158.75

DOCUMENT # \$28568				
DOCOMENT # DZ0000	DOCU	MENT #	S28568	3

1. Corporation Name THE CARIBBEAN SPOT, INC.

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Principal Place	o of Buriness	Mailing Address				F ESSTAND (19 NEWE INTER SYSSON OFFS)	IÀN BIBN RITH ELLI BI	iti dilik militi 1801	
•		6410 NW 7TH AVE							
6410 NW 7TH / MIAM! FL 3315		MIAMI FL 33150							
US US				•	DO NOT WRITE	IN THIS SPACE		, ,	
						3. Date Incorporated or Qualifed			
						01/31/1991			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	—	Applied For	
21	-	26	<u> </u>			65-0237387		Not:Applicable=	
- Butter Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional	
22		27						Required	!
City & State	8	City & State				6. Election Campaign Financing		lO May Be id to Fees	آر صد
23		28				Trust Fund Contribution		IO IO FOUS	!
Zip	. Country	Zip	_	intry		 This corporation owes the current Personal Property Tax. 	t year intangible ☐Yes	□No	
24	25	29	30			10. Name and Address of New Re			
	9. Name and Address of Curren	it Kegistered Agent		81 Nam		Te. Halling and Addition to			
GILE	BERT, LENOIX		•				<u> </u>		
	NW 7TH AVE			82 Stree	t Addres	ss (P.O. Box Number Is Not Acceptable	B) '		
• • • •	MI FL 33150			83					:
MIPG	MI 1 2 00 100			~					
	; .			84 City	•		E 85 Zi	p Code	'
			4 4 4ba a		 	has submite this statement for the nu	mose of changing	its registered	
11. Pursuant	to the provisions of Sections 607.050 registered agents or both, in the State	2 and 607.1508, Florida Stat of Florida. Such change was	tutes, the a s authorized	bove-name	rporation	ration submits this statement for the purish board of directors. I hereby accept to	he appointment as	registered	1
agent. I a	m familia with, and accept the obliga	tions of, Section 607.0505, F	Florida Stat	utes.		ماريا بر			
SIGNATURE	Teming Chile		ATT. Davidson			4/19/9	DATE		
-	Signature, typed or printed name of legistered ages	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			re required v	when reinstating)	DATE CERS AND DIREC	TORS IN 12	8
12.	Signature, typed or Arcted name of Tegistered ages OFFICERS AN	ID DIRECTORS	13.	Agent signatu	re required v	4/19/9	DATE CERS AND DIREC		(11/98)
12.	OFFICERS AN	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	13. 1,1 TI	I Agent signatu TLE	re required v	when reinstating)			34 (11/98)
12. TITLE NAME	OFFICERS AND GILBERT, LENIOX	ID DIRECTORS	13. 1,1 TI 12 N	Agent algoritus TLE		when reinstating)			E034 (11/98)
12. TITLE NAME STREET ADDRESS	OFFICERS AND GILBERT, LENIOX 6410 NW 7 AVENUE	ID DIRECTORS	13. 1.1 TI 12 N 1.3 St	TLE AME		when reinstating)			R2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND GILBERT, LENIOX	ID DIRECTORS ☐ DELETE	13. 1.1 TI 12 N 1.3 SI 1.4 CI	TLE AME TREET ADORES		when reinstating)		e ∏ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND GILBERT, LENIOX 6410 NW 7 AVENUE	ID DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI	TLE AME TREET ADDRES TY-ST-ZIP TLE		when reinstating)	Chang	e ∏ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND GILBERT, LENIOX 6410 NW 7 AVENUE MIAMI FL	ID DIRECTORS ☐ DELETE	13. 1.1 TI 12 N 1.3 ST 1.4 CI 2.1 TI 2.2 N	TLE AME TREET ADDRES TY-ST-ZIP TLE AME	38	when reinstating)	Chang	e ∏ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND GILBERT, LENIOX 6410 NW 7 AVENUE	ID DIRECTORS ☐ DELETE	13. 1.1 TT 1.2 N 1.3 ST 1.4 G 2.1 TT 2.2 N 2.3 ST	TLE AME TREET ADDRES TY-ST-ZIP TLE AME TREET ADDRES	38	when reinstating)	Chang	e ∏ Addition	CR2E034 (11/98)
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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.