PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90016 012 ***150.00

DOCUMENT # S45646 ✓OK (4)

Corporation Name
CARIBE EXPRESS BONDED CARRIERS, INC.

Principal Place of Business
~~6701 NW 7 ST.~~
~~190~~
~~MIAMI FL 33126~~
~~US~~

Mailing Address
4345 N.W. 97th AVENUE
MIAMI, FL. 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1991

4. FEI Number: 65-0269396 — ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

1. Principal Place of Business — 2a. Mailing Address 26
Suite, Apt #, etc — 27 Suite, Apt # etc
City & State — 28 City & State
Zip — Country 25 — 29 Zip — 30 Country

9. Name and Address of Current Registered Agent
CARIDE, RAQUEL
6701 NW 7 ST.
STE 190
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name CARIDE, RAQUEL
82 Street Address (P.O. Box Number is Not Acceptable) 4345 N.W. 97th AVENUE
83
84 City MIAMI FL 85 Zip Code 33178

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	P	☒ DELETE	TITLE	P	☒ Change ☐ Add
NAME	ROJAS, MARIA LUSIA		NAME	ROJAS, MARIA LUISA	
STREET ADDRESS	6701 NW 7 ST #190		STREET ADDRESS	4345 N.W. 97th AVENUE	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	MIAMI, FL. 33178	
TITLE	VP	☒ DELETE	TITLE	VP	☒ Change ☐ Add
NAME	GONZALEZ, NESTOR		NAME	GONZALEZ, NESTOR	
STREET ADDRESS	6701 NW 7 ST #190		STREET ADDRESS	4345 N.W. 97th AVENUE	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	MIAMI, FL. 33178	
TITLE	T	☒ DELETE	TITLE	T	☒ Change ☐ Add
NAME	CHATTS, JOSEPH R.		NAME	CHATTS, JOSEPH R.	
STREET ADDRESS	6701 NW 7 ST #190		STREET ADDRESS	4345 N.W. 97th AVENUE	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	MIAMI, FL. 33178	
TITLE	S	☒ DELETE	TITLE	S	☒ Change ☐ Add
NAME	CARIDE, RAQUEL		NAME	CARIDE, RAQUEL	
STREET ADDRESS	6701 NW 7 ST #190		STREET ADDRESS	4345 N.W. 97th AVENUE	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	MIAMI, FL. 33178	
TITLE		☐ DELETE	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ DELETE	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.