FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]5.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. [illegible]
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S51296** **(9)**

1. Corporation Name

CARIBBEAN METALS, INC.

Principal Place of Business	Mailing Address
7490 NW 66TH ST. MIAMI FL 33166	7490 NW 66TH ST. MIAMI FL 33166

3. Date Incorporated or Qualified: **05/07/1991**
3a. Date of Last Report: **07/19/1995**
4. FEI Number: **65-0260591** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21: 1095 W. 21 PL.
22: Suite, Apt. #, etc
23: City & State: HIALEAH
24: Zip: 33010 25: Country: USA

2a. Mailing Address
26: 1095 W. 21 PL.
27: Suite, Apt. #, etc
28: City & State: HIALEAH
29: Zip: 33010 30: Country: USA

9. Name and Address of Current Registered Agent

AGUIAR, LUIS
190 EAST 45TH STREET
HIALEAH FL 33013

10. Name and Address of New Registered Agent
81: Name
82: Street Address (P.O. Box Number is Not Acceptable): 1095 W. 21 PL
83:
84: City: HIALEAH **FL** 85: Zip Code: 33010

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 [illegible] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD AGUIAR, LUIS 190 EAST 45TH ST. HIALEAH FL 33013	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	1095 W 21 PL HIALEAH, FL 33010	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHARLES POST 190 EAST 45th St. HIALEAH, FL 33010	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. 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)(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.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (305) 887-4700 Daytime Phone #