FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 18 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S63607** **(3)**

1. Corporation Name
CARIBBEAN BASIN GROUP, INC.

Principal Place of Business	Mailing Address
1689 NORTH HIATUS ROAD **SUITE 175** **PEMBROKE PINES FL 33026**	**1689 NORTH HIATUS ROAD** **SUITE 175** **PEMBROKE PINES FL 33026**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/27/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **65-0269326** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~CRAWFORD, JAMES~~
1689 NORTH IATUS ROAD
SUITE 175
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name: Grant L. Colvin
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: Grant L. Colvin — 3/3/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	President/Chairman ☐ Change ☐ Addition
NAME	~~CRAWFORD, JAMES~~	12 NAME	Grant L. Colvin
STREET ADDRESS	1689 N HIATUS RD #175	13 STREET ADDRESS	1689 N. Hiatus Rd Suite 175
CITY ST ZIP	PEMBROKE PINES FL	14 CITY ST ZIP	Pembroke Pines, FL 33026
TITLE		21 TITLE	Vice President ☐ Change ☐ Addition
NAME		22 NAME	Stephen J. Moreno
STREET ADDRESS		23 STREET ADDRESS	1689 N. Hiatus Rd Suite 175
CITY ST ZIP		24 CITY ST ZIP	Pembroke Pines, FL 33026
TITLE		31 TITLE	Secretary/Treasurer ☐ Change ☐ Addition
NAME		32 NAME	David R. Barrett
STREET ADDRESS		33 STREET ADDRESS	1689 N. Hiatus Rd
CITY ST ZIP		34 CITY ST ZIP	Pembroke Pines, FL 33026
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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: Grant L. Colvin — 3-3-95 — 792-9603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Grant L. Colvin

COR2A8 CP