

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # S63756**

**(8)**

1. Corporation Name

**CALDERA ENTERPRISE INC.**

Principal Place of Business

**18305 S.W. 84TH COURT  
MIAMI FL 33157**

Mailing Address

**18305 S.W. 84TH COURT  
MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**06/28/1991**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**NOT APPLICABLE**

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 § 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHILLIPS, CHARLES U.  
18305 S.W. 84TH COURT  
MIAMI FL 33157**

81 Name

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

|                 |                             |
|-----------------|-----------------------------|
| TITLE           | <b>D</b>                    |
| NAME            | <b>PHILLIPS, CHARLES U.</b> |
| STREET ADDRESS  | <b>18305 SW 84TH COURT</b>  |
| CITY - ST - ZIP | <b>MIAMI FL</b>             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                     |                                                                              |
|---------------------|-------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <b>D</b>                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | <b>HALL, NEIL</b>                   |                                                                              |
| 1.3 STREET ADDRESS  | <b>4100 N.E. 2nd Ave, Suite 311</b> |                                                                              |
| 1.4 CITY - ST - ZIP | <b>MIAMI, FL 33137</b>              |                                                                              |
| 2.1 TITLE           | <b>D</b>                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | <b>JUNIOR, ANTONIO</b>              |                                                                              |
| 2.3 STREET ADDRESS  | <b>POST OFFICE BOX 996069</b>       |                                                                              |
| 2.4 CITY - ST - ZIP | <b>MIAMI, FL 33299</b>              | <b>N/A</b>                                                                   |
| 3.1 TITLE           |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                     |                                                                              |
| 3.3 STREET ADDRESS  |                                     |                                                                              |
| 3.4 CITY - ST - ZIP |                                     |                                                                              |
| 4.1 TITLE           |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                     |                                                                              |
| 4.3 STREET ADDRESS  |                                     |                                                                              |
| 4.4 CITY - ST - ZIP |                                     |                                                                              |
| 5.1 TITLE           |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                     |                                                                              |
| 5.3 STREET ADDRESS  |                                     |                                                                              |
| 5.4 CITY - ST - ZIP |                                     |                                                                              |
| 6.1 TITLE           |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                     |                                                                              |
| 6.3 STREET ADDRESS  |                                     |                                                                              |
| 6.4 CITY - ST - ZIP |                                     |                                                                              |

**REMITTED BY MAY 1**

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)(k), Florida Statutes. I further certify that the information included 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 as an attachment with an address.)

SIGNATURE:

*Charles U. Phillips*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/95**

**305-596-8563**