


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90200 001 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # S75179

1. Corporation Name
CARIBBEAN MEDICAL ENTERPRISES, INC.



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|--|--|---|--|
| Principal Place of Business 11200 W. FLAGLER ST. SUITE 214 MIAMI FL 33174 | | Mailing Address 11200 W. FLAGLER ST. SUITE 214 MIAMI FL 33174 | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | |
| 9. Name and Address of Current Registered Agent SANCHEZ, RAUL 11200 W. FLAGLER ST. SUITE 214 MIAMI FL 33174 | | 3. Date Incorporated or Qualified 08/22/1991 4. FEI Number 65-0282258 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 SUITE 190 84 City MIAMI FL 85 Zip Code 33172 | | | |

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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SANCHEZ, RAUL 275 FOUNTAINEBLEAU BLVD #210 MIAMI FL 33172 <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE:  SIGNED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-99

Date

Daytime Phone #

CR2E034 (11/98)