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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S86420

(4)

1. Corporation Name

CARICOM DEVELOPMENT CORP.



Principal Place of Business

C/O CHADDERTON, GULISANO & CO PA
3211 PONCE DE LEON BLVD. STE 201
CORAL GABLES FL 33134
US

Mailing Address

C/O CHADDERTON, GULISANO & CO PA
3211 PONCE DE LEON BLVD STE 201
CORAL GABLES FL 33134-7274
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/10/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0290000

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHADDERTON, TREVOR B.
3211 PONCE DE LEON BLVD
STE 201
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE
NAME NEBHANI, JYOTI
STREET ADDRESS 7550 FOLSON AUBURN RD 1207
CITY- ST- ZIP FOLSOM CA

TITLE TD ☐ DELETE
NAME GURBANI, HARI
STREET ADDRESS 2315 N.W. 107TH AVE
CITY- ST- ZIP MIAMI FL

TITLE PD ☐ DELETE
NAME ASNANI, DHANWANTI
STREET ADDRESS 1 WM. PETER BLVD.
CITY- ST- ZIP CASTRIES ST

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME NEBHANI, JYOTI
1.3 STREET ADDRESS 7550 FOLSON AUBURN RD 1207
1.4 CITY- ST- ZIP FOLSOM CA

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME GURBANI, HARI
2.3 STREET ADDRESS 2315 N.W. 107TH AVE
2.4 CITY- ST- ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE T/D ☐ Change ☒ Addition
4.2 NAME ASNANI, MOHAN
4.3 STREET ADDRESS # 1 WM. PETER BLVD
4.4 CITY- ST- ZIP CASTRIES. ST. LUCIA

5.1 TITLE V ☐ Change ☒ Addition
5.2 NAME CHUGANI, SURENDER
5.3 STREET ADDRESS 6321 HUTCHINSON RD
5.4 CITY- ST- ZIP MIAMI LAKES FL 33014

6.1 TITLE S ☐ Change ☒ Addition
6.2 NAME SCOBIE HENRY, EULALIE
6.3 STREET ADDRESS # 1 WM. PETER BLVD
6.4 CITY- ST- ZIP CASTRIES. ST. LUCIA

14. I do 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.

CR2E034 (9/96)