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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:32

DOCUMENT # S86786 (8)

1. Corporation Name
CARIBE CONSTRUCTION COMPANY II

Principal Place of Business	Mailing Address
14260 S.W. 119TH AVE. MIAMI FL 33186-6110 US	14260 S.W. 119TH AVE. MIAMI FL 33186-6110 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1991	3a. Date of Last Report: 02/15/1994
4. FEI Number: 65-0291917	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 33186-6023 Country: 25	Zip: 29 33186-6023 Country: 30

9. Name and Address of Current Registered Agent

MARTINEZ, EMILIO F.
14260 S.W. 119TH AVE.
MIAMI FL 33186

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	11 TITLE	☐ Change ☒ Addition
NAME	MARTINEZ, EMILIO F.	12 NAME	
STREET ADDRESS	14260 S.W. 119TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	33186-6023
TITLE	P	21 TITLE	☐ Change ☒ Addition
NAME	MARTINEZ, CARLOS E.	22 NAME	
STREET ADDRESS	14260 S.W. 119TH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	33186-6023
TITLE	VP	31 TITLE	☐ Change ☒ Addition
NAME	MARTINEZ, RAUL A.	32 NAME	
STREET ADDRESS	14260 S.W. 119TH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	33186-6023
TITLE	VP	41 TITLE	☐ Change ☒ Addition
NAME	MARTINEZ, EMILIO J.	42 NAME	
STREET ADDRESS	14260 S.W. 119TH AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	33186-6023
TITLE	S	51 TITLE	☐ Change ☒ Addition
NAME	MARTINEZ, FERNANDO I.	52 NAME	
STREET ADDRESS	14260 S.W. 119TH AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	33186-6023
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 above, or on an attachment with an (*) sign.

SIGNATURE: _____ 1-24-95 (305) 233-6776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0202860 CP