

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S89402** (9)  
1. Corporation Name  
**CARIBBEAN MAINTENANCE, CORP.**



Principal Place of Business: 14832 SW 67 LN, MIAMI FL 33196, US  
Mailing Address: 14832 SW 67 LANE, S-N, MIAMI FL 33196, US

3. Date Incorporated or Qualified: 10/23/1991  
3a. Date of Last Report: 08/10/1995  
4. FEI Number: 65-0294540  
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. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. 14832 SW 67 Lane  
22. Suite, Apt #, etc.  
23. City & State: Miami Florida  
24. Zip: 33193  
25. Country  
2a. Mailing Address  
26. 14832 SW 67 LANE  
27. Suite, Apt #, etc.  
28. City & State: Miami, Florida  
29. Zip: 33193  
30. Country

9. Name and Address of Current Registered Agent: DELGADO, LUIS, 15054 SOUTHWEST 104TH STREET, MIAMI FL 33196  
10. Name and Address of New Registered Agent  
81. Name: Luis M. Delgado  
82. Street Address (P.O. Box Number is Not Acceptable): 14832 SW 67 Lane  
83.  
84. City: Miami FL  
85. Zip Code: 33193

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	
NAME	DELGADO, LUIS	12 NAME	
STREET ADDRESS	15054 S.W. 104TH STREET	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE	VSD	21 TITLE	
NAME	DELGADO, ELIZABETH	22 NAME	
STREET ADDRESS	15054 S.W. 104TH STREET	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
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)(k), 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 617, Florida Statutes, and that my name appears in block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)