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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # S98218 (8)

1. Corporation Name
CARIBBEAN NOVELTY, INC.

Principal Place of Business	Mailing Address
371 S.W. 64TH TERRACE MARGATE FL 33068	371 S.W. 64TH TERRACE MARGATE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1991
3a. Date of Last Report: 02/14/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0303691 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) County (30)
8. This corporation has liability for intangibles tax under § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CHILES, LISA
371 S.W. 64TH TERRACE
MARGATE FL 33068

10. Name and Address of New Registered Agent

81 Name: DANIEL CHOOKOLINGO
82 Street Address (P.O. Box Number is Not Acceptable): 371 S.W. 64 TERRACE
83
84 City: MARGATE FL 85 Zip Code: 33068

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] 4/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE	DP.	☑ Change ☐ Addition
NAME	CHILES, THOMAS W., III	1.2 NAME	DANIEL CHOOKOLINGO	
STREET ADDRESS	371 S.W. 64 TERRACE	1.3 STREET ADDRESS	1323 S. STATE ROAD 7, UNIT 427	
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	N. LAUDERDALE, FL, 33068	
TITLE	DS	2.1 TITLE	DS	☑ Change ☐ Addition
NAME	CHILES, LISA	2.2 NAME	ANNE-MARIE CHOOKOLINGO	
STREET ADDRESS	371 S.W. 64 TERRACE	2.3 STREET ADDRESS	1323 S. STATE ROAD 7, UNIT 427	
CITY ST ZIP	MARGATE FL	2.4 CITY-ST-ZIP	N. LAUDERDALE, FL, 33068.	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY ST ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		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 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.

SIGNATURE: [signature] THOMAS W. CHILES III 4/27/95 305-972-0672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0111707 CP