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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V49035**

1. Corporation Name

CARIBBEAN BUILDING & MANAGEMENT INC.

Principal		Place	of	Business	
				***	

Mailing Address

## 

FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90119 011 \*\*\*150.00

9280 S.W. 136TH STREET 9280 S.W. 136TH STREET MIAMI FL 33176 MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/09/1992 2a, Mailing Address 4. FEI Number Principal Place of Business Applied For Not Applicable 65-0344395 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Žip Country Country Zip This corporation owes the current year Intangible Personal Property Tax. 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH, JAMES S Street Address (P.O. Box Number is Not Acceptable) 9280 S.W. 136TH ST **MIAMI FL 33176** 83

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature req	urred when reinstating) DATE
12	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JAMES \$	1.2 NAME	
STREET ADDRESS	9280 S.W. 136TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	•
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		, 5.2 NAME	·
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	□ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	·
STREET ADDRESS		6.3 STREET ADDRESS	•
CITY-ST-Z/P		6.4 CITY-ST-ZIP	

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

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)