FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90136 008 ***150.00

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Country

9. Name and Address of Current Registered Agent

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PERSAUD, ROBIN D

5000 W 12 AVE HIALEAH FL 33012

Corporation Name

Principal Place of Business

Suite, Apt. #, etc.

City & State

CAIBARIEN	FRUIT	CORF	PORATION
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Principal Place of Business	Mailing Address	
000 W 12 AVE	5000 W 12 AVE	
IALEAH FL 33012	HIALEAH FL 33012	

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

	DO NOT WRIT	TE IN THIS	SPACE			
	3. Date Incorporated or Qualifed 10/16/1997					
	4. FEI Number	-		Applied For		
	65-0788132			Not Applicable		
	5. Certifcate of Status Desired			5 Additional Required		
	Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees		
	This corporation owes the curre Personal Property Tax.	ent year In	tangible XYes	□No		
	10. Name and Address of New R	egistered	Agent			
Name						
Street Addres	s (P.O. Box Number is Not Accepta	ble)				

City Zip Code 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.

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Country

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IGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: I	Registered Agent signature require	d when rejectation	DATE .	
·	OFFICERS AND DIRECTORS	(NOTE.	13.	ADDITIONS/CHANGES TO OFFIC		DC (N) 40
LE I		DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change	RS IN 12 ☐ Additio
ME	PERSAUD, ROBIN		1.2 NAME			
REET ADDRESS	9424 S.W. 145 PLACE					
	MIAMI FL 33186		1.3 STREET ADDRESS			
Y-ST-ZIP E	· · · · · · · · · · · · · · · · · · ·	DELETE	1.4 CITY-ST-ZIP			
_	L] DELETE	2.1 TITLE		☐ Change	Addition Addition
4E			2.2 NAME			
REET ADDRESS			2.3 STREET ADDRESS			
Y-ST-ZIP			2.4 CITY-ST-ZIP	·		
LE		DELETE	3.1 TITLE		☐ Change	Addition
ME			3.2 NAME			
REET ADDRESS			3.3 STREET ADDRESS			
Y-ST-ZIP			3.4. CITY-ST-ZIP			
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WE			4. 2 NAME		125	
REET ADDRESS			4.3 STREET ADDRESS			
Y-ST-ZIP			4.4 CITY-ST-ZIP			
LE LE] DELETE	5.1 TITLE		☐ Change	Additio
NE	C.	3 022212	5.2 NAME		. L.J Criarige	_
i			5.3 STREET ADDRESS			
REET ADDRESS	=	-				
Y-ST-ZIP) DELETE	5.4 CITY-ST-ZIP 6.1 TITLE			
E	ن	DELETE			☐ Change	Addition Addition
AE .			6.2 NAME			
REET ADDRESS			6.3 STREET ADDRESS	•		
Y-ST-ZIP			6.4 CITY-ST-ZIP			

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, with all other like empowered.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME