FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JAN 24 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06322 (4)

1. Corporation Name
KANE CARIBBEAN, INC.

Principal Place of Business	Mailing Address
7601 N.W. 72ND AVENUE MIAMI FL 33166	7601 N.W. 72ND AVENUE MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/20/1980
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 66-0386477 ☐ 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

9. Name and Address of Current Registered Agent

ROMFH, GEORGE
7601 N.W. 72ND AVENUE
MIAMI FL 33166

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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSARIO, EFRIAN	1.2 NAME	
STREET ADDRESS	GAUILANES ST, F25 TIERRA	1.3 STREET ADDRESS	400001391354
CITY-ST-ZIP	GUAYNABO PR	1.4 CITY-ST-ZIP	-01/27/95--01056--002
TITLE	V	2.1 TITLE	****200.00 ☐ Change ☐ Addition
NAME	GONZALEZ, EMILIO	2.2 NAME	
STREET ADDRESS	22 WASHINGTON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTURCE PR	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	ROMFH, GEORGE	3.2 NAME	
STREET ADDRESS	146025 SW 79 STT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	SERRANO, ANA C.	4.2 NAME	
STREET ADDRESS	POMARROSA K-7	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOA BAJA PR	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	SANTORSOLA, ROCCO	5.2 NAME	
STREET ADDRESS	11701 N.W. 21 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	STEFFENS, CARLOS	6.2 NAME	
STREET ADDRESS	BAHIA SAN JUAN RF 22	6.3 STREET ADDRESS	1/24
CITY-ST-ZIP	CANTANO PR	6.4 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 if changed, or on an attachment with an address.

SIGNATURE: ✓ George Romfh
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0170032 CP