

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000004899 (0)**

1. Corporation Name
CARIBBEAN CANBOULAY OF MIAMI, INC.



Principal Place of Business
**18785 N.W. 62ND AVENUE
UNIT 107
MIAMI FL 33015**

Mailing Address
**P.O. BOX 693218
MIAMI FL 33269
US**

3. Date Incorporated or Qualified **09/30/1994** 3a. Date of Last Report **03/17/1995**

4. FEI Number **65-0535000** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

9. Name and Address of Current Registered Agent

**VANCE, SHIRLEY
18785 N.W. 62ND AVENUE
UNIT 107
MIAMI FL 33015**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD FORD, LINCOLN**

STREET ADDRESS **3320 N.W. 177TH TERRACE**

CITY-ST-ZIP **MIAMI FL 33056**

TITLE DELETE

NAME **VD TYSON, TYLER T**

STREET ADDRESS **574 N.W. 46TH TERRACE**

CITY-ST-ZIP **PLANTATION FL 33317**

TITLE DELETE

NAME **TD IRISH, SANDRA**

STREET ADDRESS **636 W. EVANSTON CIR.**

CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE DELETE

NAME **SD ALLONG, RODERICK H**

STREET ADDRESS **7756 ALHAMBRA BLVD.**

CITY-ST-ZIP **MIRAMAR FL 33028**

TITLE DELETE

NAME **D VANCE, SHIRLEY**

STREET ADDRESS **18785 N.E. 62ND AVE. UNIT 107**

CITY-ST-ZIP **MIAMI FL 33015**

TITLE DELETE

NAME **D WEST, DON**

STREET ADDRESS **1170 N.E. 110TH TERRACE**

CITY-ST-ZIP **MIAMI FL 33161**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **PD Bob Mahabir**

1.3 STREET ADDRESS **6073 NW 157 St., Ste C-7**

1.4 CITY-ST-ZIP **Miami Lakes, FL 33015**

2.1 TITLE Change Addition

2.2 NAME **VD Anthony Irish**

2.3 STREET ADDRESS **636 West Evanston Circle**

2.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

3.1 TITLE Change Addition

3.2 NAME **TD Kenneth Edwards**

3.3 STREET ADDRESS **26230 SW 130th Ave**

3.4 CITY-ST-ZIP **Princeton, FL 33032**

4.1 TITLE Change Addition

4.2 NAME **SD Shirley Vance**

4.3 STREET ADDRESS **18785 NW 62nd Ave, # 107**

4.4 CITY-ST-ZIP **Miami, FL 33015**

5.1 TITLE Change Addition

5.2 NAME **VS Roderick H. Allong**

5.3 STREET ADDRESS **7756 Alhambra Blvd.**

5.4 CITY-ST-ZIP **Miramar, FL 33028**

6.1 TITLE Change Addition

6.2 NAME **D Lincoln Ford**

6.3 STREET ADDRESS **3320 NW 177th Ter**

6.4 CITY-ST-ZIP **Miami, FL 33056**

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: Shirley Vance *[Signature]* 2/8/96 (305) 674-2240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)