

FILE NOW: FILING FEE IS \$61.25

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**Aug 05 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 69-3218 MIAMI FL 33269-0218 US
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3. Date Incorporated or Qualified 09/30/1994	3a. Date of Last Report 03/13/1996
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2. Principal Place of Business 21 18785 NW 62nd Ave Suite, Apt. #, etc.	2a. Mailing Address 26 18785 NW 62nd Ave Suite, Apt. #, etc.
22 Unit 107 City & State	27 Unit 107 City & State
23 Miami, FL 33015 Zip Country	28 Miami, FL 33015 Zip Country
24	29
25	30

4. FEI Number 65-0535000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
85 Zip Code

FL

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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FORD, LINCOLN	
STREET ADDRESS	3320 N.W. 177TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TYSON, TYLER T	
STREET ADDRESS	574 N.W. 46TH TERRACE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	IRISH, SANDRA	
STREET ADDRESS	698 W. EVANSTON CIR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALLONG, RODERICK H	
STREET ADDRESS	7786 ALHAMBRA BLVD.	
CITY-ST-ZIP	MIRAMAR FL 33028	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VANCE, SHIRLEY	
STREET ADDRESS	18785 N.E. 62ND AVE. UNIT 107	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bob Mahabir	
1.3 STREET ADDRESS	6073 NW 167th Street	
1.4 CITY-ST-ZIP	Miami Lakes, FL 33015	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tyler Tyson	
2.3 STREET ADDRESS	574 NW 46th Ter.	
2.4 CITY-ST-ZIP	Plantation, FL 33317	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dr. Steve Gruber	
3.3 STREET ADDRESS	6073 NW 167th Street	
3.4 CITY-ST-ZIP	Miami Lakes, FL 33317	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Don West	
4.3 STREET ADDRESS	1170 NE 110 Ter.	
4.4 CITY-ST-ZIP	Miami, FL 33161	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Marilyn Smith	
5.3 STREET ADDRESS	6073 NW 167th St.	
5.4 CITY-ST-ZIP	Miami Lakes, FL 33015	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Linda Ramcharan	
6.3 STREET ADDRESS	219 NE 141st Street	
6.4 CITY-ST-ZIP	Miami, FL 33161	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)