


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US	Mailing Address 18785 NW 62ND AVE UNIT 107 MIAMI FL 33015 US
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3. Date Incorporated or Qualified 09/30/1994	Applied For Not Applicable
4. FEI Number 65-0535000	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 18785 NW 62nd Ave. Suite, Apt. #, etc. 22 Unit 107 City & State 23 Miami, FL Zip 24 33015 Country 25 USA	2a. Mailing Address 26 18785 NW 62nd Ave Suite, Apt. #, etc. 27 Unit 107 City & State 28 Miami, FL Zip 29 33015 Country 30 USA
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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 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL
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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 _____ DATE 5/16/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	MAHABIR, BOB	1.2 NAME
STREET ADDRESS	6073 NW 167TH STREET	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP
TITLE	PD	2.1 TITLE
NAME	TYSON, TYLER T	2.2 NAME
STREET ADDRESS	574 N.W. 46TH TERRACE	2.3 STREET ADDRESS
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP
TITLE	TD	3.1 TITLE
NAME	GRUBER, DR STEVE	3.2 NAME
STREET ADDRESS	6073 NW 167TH ST	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP
TITLE	ST	4.1 TITLE
NAME	WEST, DON	4.2 NAME
STREET ADDRESS	1170 NE 110 TERR	4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP
TITLE	D	5.1 TITLE
NAME	SMITH, MARILYN	5.2 NAME
STREET ADDRESS	6073 NW 167TH ST	5.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI LAKES FL	5.4 CITY-ST-ZIP
TITLE	PRD	6.1 TITLE
NAME	RAMCHARAN, LINDA	6.2 NAME
STREET ADDRESS	219 NE 141ST STREET	6.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tyler T. Tyson	
1.3 STREET ADDRESS	574 NW 46th Ter	
1.4 CITY-ST-ZIP	Plantation, FL 33317	
2.1 TITLE	Secretary/Treasurer (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Don West	
2.3 STREET ADDRESS	1170 NE 110 Ter.	
2.4 CITY-ST-ZIP	Miami, FL 33161	
3.1 TITLE	PRO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Linda Ramcharran (D)	
3.3 STREET ADDRESS	219 NE 141st Street	
3.4 CITY-ST-ZIP	Miami, FL 33161	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE 5/14/98

CR2E037 (10/97)