

FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthoin</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P39535 (0)**

1. Corporation Name  
**CLEAN CARIBBEAN CORPORATION**



Principal Place of Business <b>2381 STIRLING RD. FT. LAUDERDALE FL 33312</b>	Mailing Address <b>2381 STIRLING RD. FT. LAUDERDALE FL 33312-6608</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>07/07/1992</b>	3a. Date of Last Report <b>03/27/1996</b>
4. FEI Number <b>65-0270063</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SCHULER, PAUL A</b>
STREET ADDRESS	<b>2381 STIRLING ROAD</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>SAIDON, P.K.</b>
STREET ADDRESS	<b>2381 STIRLING RD.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GASS, M.R.</b>
STREET ADDRESS	<b>2381 STIRLING RD.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>PRZELOMSKI, H.R.</b>
STREET ADDRESS	<b>2381 STIRLING RD.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BERNARDO, J.J.</b>
STREET ADDRESS	<b>HWY 611 SOUTH GATE 15</b>
CITY-ST-ZIP	<b>PASCAGOULA MS 39581</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CRAWFORD, T.</b>
STREET ADDRESS	<b>DELAWARE AVE 7 GREEN ST</b>
CITY-ST-ZIP	<b>MARCUS HOOK PA 19061</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D Huber, C</b>
3.3 STREET ADDRESS	<b>3225 Gallows Rd</b>
3.4 CITY-ST-ZIP	<b>Fairfax VA 22037</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D PINDER, D.S.</b>
5.3 STREET ADDRESS	<b>P.O. BOX F-42530 N/A</b>
5.4 CITY-ST-ZIP	<b>FREEMPORT, BAHAMAS</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D NORMAN, F.S.</b>
6.3 STREET ADDRESS	<b>9009 WEST LOOP SOUTH - MS 1097</b>
6.4 CITY-ST-ZIP	<b>Houston, tx 77096-1799</b>

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.

SIGNATURE: *[Signature]* P.K. Saidon, Ass't Secretary 03/26/97 (954) 983-9880

CR2E037 (9/96)