

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000009510 (6)

1. Corporation Name
CARIBBEAN CAPITAL CORPORATION



Principal Place of Business 1100 MANDARIN ISLE FORT LAUDERDALE FL 33315	Mailing Address 1100 MANDARIN ISLE FORT LAUDERDALE FL 33315
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 801 N. Andrews Ave Suite, Apt. #, etc.	26 801 N Andrews Ave Suite, Apt. #, etc.
22 City & State Ft. Lauderdale FL	27 City & State Ft. Lauderdale FL
23 Zip 33311	28 Country US
24 Proword	29 33311
25 Proword	30 Proword

3. Date Incorporated or Qualified 01/31/1994	
4. FEI Number 65-0477603	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SERRATT, OLEN H.
 1100 MANDARIN ISLE
 FORT LAUDERDALE FL 33315**

10. Name and Address of New Registered Agent

81 Name Serratt, Olen H		
82 Street Address (P.O. Box Number is Not Acceptable) 801 N Andrews Ave		
83		
84 City Ft. Lauderdale	85 State FL	86 Zip Code 33311

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: *Olen Serratt* DATE: *3/6/98*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SERRATT, OLEN H	
STREET ADDRESS	1100 MANDARIN ISLE	
CITY - ST - ZIP	FORT LAUDERDALE FL 33315	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COOPER, JOE	
STREET ADDRESS	P O BOX 1204 NA	
CITY - ST - ZIP	SALIDA CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	801 N. Andrews Ave
1.4 CITY - ST - ZIP	Ft. Lauderdale FL 33311
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Olen Serratt* DATE: *3/6/98* *954 525 0157*

CR2E034 (10/97)