

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

APPROVED
AND
FILED

102

98 JUN 16 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 996 0000 50284
1. Corporation Name:
CARIBBEAN ISLAND EXPRESS CO. LTD.

Principal Place of Business: **5790 N.W. 35th Ave Miami, Florida, 33142**
Mailing Address: **P.O. Box 294038 Boca Raton, Fla. 33429-4038**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified June 12th, 1996	
21	22	26	27	4. FEI Number 65-0673770	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		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
**EDWIN R. JONAS III
980 N.W. Federal Highway
Boca Raton, Fla. 33432**

10. Name and Address of New Registered Agent
81 Name: **Edwin R. Jonas III**
82 Street Address (P.O. Box Number is Not Acceptable): **766 Marble Way**
83
84 City: **Boca Raton** FL 85 **33432**

11. Pursuant to the provisions of Sections 607.0509 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 607.0509, Florida Statutes.
SIGNATURE: *[Signature]* DATE: **6/5/98**

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Edwin R. Jonas III	
STREET ADDRESS	P.O. Box 294038 N/A	
CITY- ST- ZIP	Boca Raton, Fl. 33429-4038	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Charles Fiorenzi	
STREET ADDRESS	5790 N.W. 35th Ave.	
CITY- ST- ZIP	Miami, Fla. 33142	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	200002563822--4
13 STREET ADDRESS	-06/23/98--01077--020
14 CITY- ST- ZIP	****150.00 ****150.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(c), Florida Statutes. I further certify that the information and called on this annual report or supplementary statement 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 and that I am qualified to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an additional filing with my address.

SIGNATURE: *[Signature]* DATE: **6/5/98** **561-417-9500**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWIN R. JONAS III, PRESIDENT

CR2E034 (10/97)

202



June 5th, 1998

Sandra B. Mortham
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl.32314

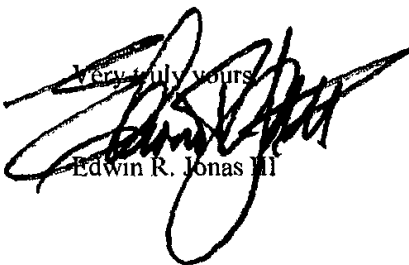
ATTN: TREVOR BRUMLEY

Re: Annual Report Filing

Dear Sir or Madam:

Enclosed is the Annual Report Form completed , but overdue in part to the fact that our Corporation did not receive the Annual Report Form from your office until after May 10th, 1998. Our corporation moved in late February , 1998 and had mail forwarding but did not receive the renewal form from your office until we called and requested the form around May 1st, 1998. Please file the annual report as if timely filed.

If there are any questions , please call the undersigned as registered agent.

Very truly yours,

Edwin R. Jonas III

CARIBBEAN ISLAND EXPRESS CO. LTD.
P.O. BOX 294038
BOCA RATON, FLORIDA , 33429-4038
TELEPHONE 561-417-9500
FAX 561-241-2812