

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001041

**Entity Name:** BROWARD CARIBBEAN CARNIVAL, INC.**Current Principal Place of Business:**4220 NW 41ST TERRACE  
LAUDERDALE LAKES, FL 33323**Current Mailing Address:**4220 NW 41ST TERRACE  
LAUDERDALE LAKES, FL 33323 US**FEI Number:** 20-2315089**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZAMORA, MARIO NOTARY  
8004 NW 154 STRET  
#132  
MIAMI LAKES, FL 33016 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ZAMORA MARIO

05/03/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ZAMORA, MARIO  
Address        2801 NW 112 AVE  
City-State-Zip: PLANTATION FL 33323

Title            VP, TREASURER  
Name            RAFIEK, MOHAMMED  
Address        4220 NW 41ST TERRACE  
City-State-Zip: LAUDERDALE LAKES FL 33323

Title            PR  
Name            SWASEY, GILDA  
Address        4220 NW 41ST TERRACE  
City-State-Zip: LAUDERDALE LAKES FL 33323

Title            SECRETARY  
Name            HAYNES, JEANETTE  
Address        2801 NW 112 AVE  
City-State-Zip: PLANTATION FL 33323

Title            D  
Name            JACK, NICHOLAS  
Address        2801 NW 112 AVE  
City-State-Zip: PLANTATION FL 33323

Title            DIRECTOR  
Name            JOSEPH, ANTHONY  
Address        2801 NW 112 AVE  
City-State-Zip: PLANTATION FL 33323

Title            DIRECTOR  
Name            PHIPS, LARSON  
Address        4220 NW 41ST TERRACE  
City-State-Zip: LAUDERDALE LAKES FL 33323

Title            DIRECTOR  
Name            MICHAEL, DALLAS  
Address        4220 NW 41ST TERRACE  
City-State-Zip: LAUDERDALE LAKES FL 33323

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIO ZAMORA

D

05/03/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 BECKFORD, JOHN  
Address             4220 NW 41ST TERRACE  
City-State-Zip:   LAUDERDALE LAKES FL 33323

Title                   DIRECTOR  
Name                 DE CRUISE, CARLYLE  
Address             4220 NW 41ST TERRACE  
City-State-Zip:   LAUDERDALE LAKES FL 33323