


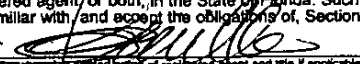
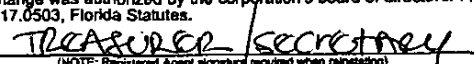
**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90007 027 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 726238</b> 1. Corporation Name <b>CARIBBEAN HOUSE CONDOMINIUM, INC</b>					
Principal Place of Business <b>3665 N.E. 167TH STREET, #508</b> <b>NORTH MIAMI BEACH FL 33160</b>			Mailing Address <b>C/O BONISKE &amp; FENAUGHTY, CPA</b> <b>1320 S. DIXIE HWY., SUITE 715</b> <b>CORAL GABLES FL 33146</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/26/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7441299	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>AMADOR, JOAQUIN</b> <b>3665 N.E. 167TH STREET, #508</b> <b>NORTH MIAMI BEACH FL 33160</b>				81 Name <b>Priscilla Barros</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3665 NE 167 ST # 501</b> 83 <b>N. Miami Beach</b> 84 City <b>FL</b> 85 Zip Code <b>33160</b>			
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 				TREASURER SECRETARY  DATE <b>MAY 10 99</b>			

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE <b>PD</b> <b>AMADOR, JOAQUIN</b> <b>3665 N.E. 167TH STREET, APT. #508</b> <b>NORTH MIAMI BEACH FL 33160</b>				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b> <b>SUZANA ROCKWELL</b> <b>3665 NE 167 ST #2</b> <b>N. MIAMI Bch, FL 33160</b>			
TITLE <input type="checkbox"/> DELETE <b>VPD</b> <b>MICHALIK, PETER</b> <b>3665 NE 167 ST #308</b> <b>N MIAMI Bch FL</b>				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VPD</b> <b>REJANE MARIANO</b> <b>3665 NE 167 ST # 204</b> <b>N. MIAMI Bch, FL 33160</b>			
TITLE <input type="checkbox"/> DELETE <b>STD</b> <b>MICHALIK, CLAUDIA</b> <b>3665 NE 167 ST #308</b> <b>N MIAMI Bch FL</b>				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STD</b> <b>PRISCILLA BARROS</b> <b>3665 NE 167 ST #501</b> <b>N. MIAMI Bch, FL 33160</b>			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE:  **PRISCILLA BARROS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 18.99

Date

805.884.4944

Daytime Phone #

CR2E037 (1/98)