


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

FILED  
Apr 27 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998   |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
| DOCUMENT # 840993 (0)<br>1. Corporation Name<br>JAMAICA RESERVATION SERVICE LIMITED, INC. |   |  |

|   |   |
|---|---|
| Principal Place of Business<br>1320 S. DIXIE HIGHWAY<br>SUITE 1102<br>CORAL GABLES FL 33146 | Mailing Address<br>1320 S. DIXIE HIGHWAY<br>SUITE 1102<br>CORAL GABLES FL 33146 |
|---|---|



DO NOT WRITE IN THIS SPACE

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |  | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>26 City & State<br>27 Zip<br>28 Country  |  | 3. Date Incorporated or Qualified<br>06/30/1978 |  |
| 4. FEI Number<br>59-1789086   |  | 5. Certificate of Status Desired <input type="checkbox"/>   |  | Applied For<br>Not Applicable                   |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | 7. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  | \$8.75 Additional<br>Fee Required               |  |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  | 9. Name and Address of Current Registered Agent<br>GARRETT, MARLENE<br>1320 S. DIXIE HIGHWAY<br>SUITE 1102<br>CORAL GABLES FL 33146                             |  | 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------|---|---|
| TITLE                      | C                              | 1.1 TITLE   | D   |
| NAME                       | COOKE, JOHN                    | 1.2 NAME  | HENDRICKSON, KEVIN                            |
| STREET ADDRESS             | 5-7 DUNROBIN AVENUE            | 1.3 STREET ADDRESS                                    | c/o COURTLEIGH HOTEL                          |
| CITY-ST-ZIP                | KINGSTON 10, JAMAICA           | 1.4 CITY-ST-ZIP                                       | 85 KNUTSFORD BLVD., KINGSTON 10, JAMAICA W.I. |
| TITLE                      | D                              | 2.1 TITLE   | D   |
| NAME                       | SLOLEY, PAUL                   | 2.2 NAME  | JAMES, SAM                                    |
| STREET ADDRESS             | 686 HALF MOON STREET           | 2.3 STREET ADDRESS                                    | c/o GRAND LIDO HOTEL                          |
| CITY-ST-ZIP                | MONTEGO BAY, ST. JAMES, JAM FL | 2.4 CITY-ST-ZIP                                       | NEGRIL P.O., WESTMORELAND, JAMAICA W.I.       |
| TITLE                      | D                              | 3.1 TITLE   | D   |
| NAME                       | FORD-WARNER, KAREN             | 3.2 NAME  | PICKERSGILL, FAY                              |
| STREET ADDRESS             | 64 KNUTSFORD BLVD.             | 3.3 STREET ADDRESS                                    | c/o JAMAICA TOURIST BOARD                     |
| CITY-ST-ZIP                | KINGSTON 5, JAMAICA            | 3.4 CITY-ST-ZIP                                       | 2 ST. LUCIA AVENUE, KINGSTON 5, JAMAICA W.I.  |
| TITLE                      | D                              | 4.1 TITLE   | D   |
| NAME                       | HOBSON, CLIVE                  | 4.2 NAME  | RANCE, FRANK                                  |
| STREET ADDRESS             | 5 MONTCLAIR TERRACE            | 4.3 STREET ADDRESS                                    | c/o FRANKLYN D. RESORT                        |
| CITY-ST-ZIP                | KINGSTON 6, JAMAICA            | 4.4 CITY-ST-ZIP                                       | RUNAWAY BAY P.O., ST. ANN, JAMAICA W.I.       |
| TITLE                      | D                              | 5.1 TITLE   |   |
| NAME                       | THOMPSON, HERON                | 5.2 NAME  |   |
| STREET ADDRESS             | 75 RED HILLS ROAD              | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | KINGSTON 20, JAMAICA           | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                              | 6.1 TITLE   |   |
| NAME                       | BROWN, CANUTE                  | 6.2 NAME  |   |
| STREET ADDRESS             | 80 DUKE STREET                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | KINGSTON, JAMAICA              | 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: \_\_\_\_\_ 4/14/98 305-666-1864

CR2E034 (10/97)