

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

FILED
Apr 27 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 # 840993 (0)
 1. Corporation Name
JAMAICA RESERVATION SERVICE LIMITED, INC.

Principal Place of Business 1320 S. DIXIE HIGHWAY SUITE 1102 CORAL GABLES FL 33146	Mailing Address 1320 S. DIXIE HIGHWAY SUITE 1102 CORAL GABLES FL 33146
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 06/30/1978	Applied For Not Applicable
4. FEI Number 59-1789086	
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

GARRETT, MARLENE
1320 S. DIXIE HIGHWAY
SUITE 1102
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 **FL** **85** Zip Code

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 <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ **4/16/98 305-666-1864**

CR2E034 (10/97)