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Apr 13, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840993

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3785 N.W. 82ND AVE Suite, Apt. #, etc. 22 SUITE 403 City & State 23 MIAMI, FLORIDA Zip 24 33166 Country 25 U.S.A.		2a. Mailing Address 26 3785 N.W. 82ND AVENUE Suite, Apt. #, etc. 27 SUITE 403 City & State 28 MIAMI, FL 33166 USA Zip 29 Country 30		3. Date Incorporated or Qualified 06/30/1978		4. FEI Number 59-1789086 Applied For Not Applicable	
				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 the current year Intangible Personal Property Tax. <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	
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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

Signature, typed or printed name of registered agent and title if applicable.

(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 type="checkbox"/> Addition
NAME	COOKE, JOHN	1.2 NAME	MARLENE GARRETT
STREET ADDRESS	5-7 DUNROBIN AVENUE	1.3 STREET ADDRESS	3785 N.W. 82ND AVENUE, SUITE 403
CITY-ST-ZIP	KINGSTON 10, JAMAICA	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33166
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOLEY, PAUL	2.2 NAME	FAY PICKERSGILL
STREET ADDRESS	686 HALF MOON STREET	2.3 STREET ADDRESS	JAMAICA TOURIST BOARD
CITY-ST-ZIP	MONTEGO BAY, ST. JAMES, JAM FL	2.4 CITY-ST-ZIP	2 ST. LUCIA AVENUE, KINGSTON 5, JAMAICA W.I.
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD-WARNER, KAREN	3.2 NAME	KEMEL ALLEN
STREET ADDRESS	64 KNUTSFORD BLVD.	3.3 STREET ADDRESS	c/o NATIONAL COMMERCIAL BANK, THE ATRIUM
CITY-ST-ZIP	KINGSTON 5, JAMAICA	3.4 CITY-ST-ZIP	32 TRAFALGAR ROAD, KINGSTON 10, JAMAICA W.I.
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBSON, CLIVE	4.2 NAME	INGRID WOUNG
STREET ADDRESS	5 MONTCLAIR TERRACE	4.3 STREET ADDRESS	c/o JAMAICA FAREWELL, SANGSTER INT'L. AIRPORT
CITY-ST-ZIP	KINGSTON 6, JAMAICA	4.4 CITY-ST-ZIP	MONTEGO BAY P.O., ST. JAMES, JAMAICA W.I.
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, HERON	5.2 NAME	NICOLE BRAHAM
STREET ADDRESS	75 RED HILLS ROAD	5.3 STREET ADDRESS	3B WIDCOMBE ROAD,
CITY-ST-ZIP	KINGSTON 20, JAMAICA	5.4 CITY-ST-ZIP	KINGSTON 6, JAMAICA W.I.
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICKSON, KEVIN	6.2 NAME	CAROLE GUNTLEY BRADY
STREET ADDRESS	C/O COURTLEIGH HOTEL, 85 KNUTSFORD BLVD	6.3 STREET ADDRESS	64 KNUTSFORD BOULEVARD
CITY-ST-ZIP	KINGSTON 10 JA	6.4 CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.

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, with all other like empowered.

SIGNATURE:

Marlene Garrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 1999 (305) 597-5700

Date

Daytime Phone #

CR2E034 (11/98)

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