FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **853108** **(9)**

1. Corporation Name

JAMAICA VACATIONS LIMITED, INC.

Principal Place of Business	Mailing Address
1320 S. DIXIE HIGHWAY SUITE 1102 CORAL GABLES FL 33146 US	1320 S. DIXIE HIGHWAY SUITE 1102 CORAL GABLES FL 33146 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **06/09/1982**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **59-2225449** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARRETT, MARLENE
1320 SOUTH DIXIE HIGHWAY
STE 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	COOKE, JOHN		1.2 NAME	SLOLEY, PAUL	
STREET ADDRESS	5-7 DUNROBIN AVENUE		1.3 STREET ADDRESS	686 HALF MOON STREET BOX 227	
CITY-ST-ZIP	KINGSTON 10, JAMAICA		1.4 CITY-ST-ZIP	MONTEGO BAY, JAMAICA	
TITLE	SD	☒ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	LEAKE, OSWALD		2.2 NAME	FORD-WARNER, KAREN	
STREET ADDRESS	36 TRAFALGAR ROAD		2.3 STREET ADDRESS	64 KNUTSFORD BOULEVARD	
CITY-ST-ZIP	KINGSTON 10, JAMAICA		2.4 CITY-ST-ZIP	KINGSTON 5, JAMAICA	
TITLE	D	☒ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	THOMAS, KINGSLEY		3.2 NAME	THOMPSON, HERON	
STREET ADDRESS	15 OXFORD ROAD		3.3 STREET ADDRESS	75 RED HILLS ROAD	
CITY-ST-ZIP	KINGSTON 5, JAMAICA		3.4 CITY-ST-ZIP	KINGSTON 20, JAMAICA	
TITLE	D	☐ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	HOBSON, CLIVE		4.2 NAME	BROWN, CANUTE	
STREET ADDRESS	5 MONTCLAIR TERRACE		4.3 STREET ADDRESS	80 DUKE STREET	
CITY-ST-ZIP	KINGSTON 6, JAMAICA		4.4 CITY-ST-ZIP	KINGSTON, JAMAICA	
TITLE	D	☒ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	HENRY, DESMOND		5.2 NAME	JAMES, SAM	
STREET ADDRESS	BOX 60 N/A		5.3 STREET ADDRESS	GRAND LIDO, NEGRIL, JAMAICA	
CITY-ST-ZIP	MANDEVILLE JA		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BARRETT, RAE		6.2 NAME		
STREET ADDRESS	2 ST. LUCIA AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	KINGSTON 5 JA		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: CLIVE HOBSON/DIRECTOR 4/8/96 305 666 1864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)