

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

FILED

Apr 09 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 # 853108 (9)  
1. Corporation Name  
JAMAICA VACATIONS LIMITED, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/1982	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2225449	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	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

10. Name and Address of New Registered Agent

GARRETT, MARLENE  
1320 SOUTH DIXIE HIGHWAY  
STE 1102  
CORAL GABLES FL 33146

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOKE, JOHN	
STREET ADDRESS	5-7 DUNROBIN AVENUE	
CITY-ST-ZIP	KINGSTON 10, JAMAICA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLOLEY, PAUL	
STREET ADDRESS	686 HALF MOON ST, BOX 227	
CITY-ST-ZIP	MONTEGO BAY JA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORD-WARNER, KAREN	
STREET ADDRESS	64 KNUTSFORD BLVD	
CITY-ST-ZIP	KINGSTON 5 JA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOBSON, CLIVE	
STREET ADDRESS	5 MONTCLAIR TERRACE	
CITY-ST-ZIP	KINGSTON 6, JAMAICA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, HERON	
STREET ADDRESS	75 RED HILLS ROAD	
CITY-ST-ZIP	KINGSTON 20 JA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, CANUTE	
STREET ADDRESS	80 DUKE ST	
CITY-ST-ZIP	KINGSTON JA	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HENDRICKSON, KEVIN	
1.3 STREET ADDRESS	c/o COURTLEIGH HOTEL	
1.4 CITY-ST-ZIP	85 KNUTSFORD BLVD., KINGSTON 5, JAMAICA W.I.	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES, SAM	
2.3 STREET ADDRESS	c/o GRAND LIDO HOTEL	
2.4 CITY-ST-ZIP	NEGRIL P.O., WESTMORELAND, JAMAICA W.I.	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PICKERSGILL, FAY	
3.3 STREET ADDRESS	c/o JAMAICA TOURIST BOARD	
3.4 CITY-ST-ZIP	2 ST.LUCIA AVENUE, KINGSTON 5, JAMAICA W.I.	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RANCE, FRANK	
4.3 STREET ADDRESS	c/o FRANKLIN D. RESORT	
4.4 CITY-ST-ZIP	RUNAWAY BAY P.O., ST. ANN, JAMAICA W.I.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DIRECTOR 4/1/98 305-666-1864

CR2E034 (10/97)