

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90042 016 ***150.00

DOCUMENT # 853108

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1982

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 3785 NW 82ND AVENUE

Suite, Apt. #, etc.

22 SUITE 403

City & State

23 MIAMI, FLORIDA

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 3785 N.W. 82ND AVE;

Suite, Apt. #, etc.

27 STE. 403

City & State

28 MIAMI, FL. 33166, USA

Zip

29

Country

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME COOKE, JOHN
STREET ADDRESS 5-7 DUNROBIN AVENUE
CITY-ST-ZIP KINGSTON 10, JAMAICA

TITLE D ☐ DELETE

NAME SLOLEY, PAUL
STREET ADDRESS 686 HALF MOON ST, BOX 227
CITY-ST-ZIP MONTEGO BAY JA

TITLE D ☒ DELETE

NAME FORD-WARNER, KAREN
STREET ADDRESS 64 KNUITSFORD BLVD
CITY-ST-ZIP KINGSTON 5 JA

TITLE D ☐ DELETE

NAME HOBSON, CLIVE
STREET ADDRESS 5 MONTCLAIR TERRACE
CITY-ST-ZIP KINGSTON 6, JAMAICA

TITLE D ☒ DELETE

NAME THOMPSON, HERON
STREET ADDRESS 75 RED HILLS ROAD
CITY-ST-ZIP KINGSTON 20 JA

TITLE D ☐ DELETE

NAME HENDRICKSON, KEVIN
STREET ADDRESS C/O COURTLEIGH HOTEL
CITY-ST-ZIP KINGSTON JA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME MARLENE GARRETT
1.3 STREET ADDRESS 3785 N.W. 82nd Ave., Ste. 403
1.4 CITY-ST-ZIP Miami, FLORIDA 33166

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME FAY PICKERSGILL
2.3 STREET ADDRESS JAMAICA TOURIST BOARD
2.4 CITY-ST-ZIP 2 ST. LUCIA AVE., KINGSTON, JAMAICA

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME KEMEL ALLEN
3.3 STREET ADDRESS c/o NATIONAL COMMERCIAL BANK
3.4 CITY-ST-ZIP THE ATRIUM, 32 TRAFALGAR RD. KGN. 10

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME INGRID WOUNG
4.3 STREET ADDRESS c/o JAMAICA FAREWELL
4.4 CITY-ST-ZIP SANGSTER INT'L AIRPORT, MONTEGO BAY

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME NICOLE BRAHAM
5.3 STREET ADDRESS 3B WIDCOMBE ROAD
5.4 CITY-ST-ZIP KINGSTON 6, JAMAICA

6.1 TITLE D ☐ Change ☐ Addition

6.2 NAME CAROLE GUNTLEY BRADY
6.3 STREET ADDRESS 64 KNUITSFORD BOULEVARD
6.4 CITY-ST-ZIP KINGSTON 5, JAMAICA

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:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 1999 (305) 597-5700

Date

Daytime Phone #

CR2E034 (11/98)

0238948