

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995
ANNUAL REPORT



DOCUMENT # **F38137**

(8)

CARIBBEAN CARNIVAL TRAVEL, INC.

FILED
SECRETARY OF STATE
FLORIDA CORPORATIONS

95 MAY - 1 AM 11:00

4950 W. FLAGLER ST
MIAMI FL 33134

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MIAMI FL 33134

EXPIRES WITHIN THIS SPACE

21	2a	2b	3	3a
22	26	27	4	5
23	28	29	6	7
24	25	30	8	

9. Name and Address of Current Registered Agent
NAVARRETE, HECTOR
4950 W. FLAGLER ST
MIAMI FL 33174

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

11. I, the undersigned, being duly sworn, depose and say that the above named corporation is not a corporation of the State of Florida for the purposes and purposes intended by the Florida Statutes, Chapter 607, Florida Statutes, and that the corporation is not a corporation of the State of Florida for the purposes and purposes intended by the Florida Statutes, Chapter 607, Florida Statutes.

12. NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
PD NAVARRETE, HECTOR 200 S.W. 103 AVENUE MIAMI FL 10211 S.W. 7 TERR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD NAVARRETE, MIRTA 200 S.W. 103 AVENUE MIAMI FL 10211 S.W. 7 TERR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated in said filing, Florida Statutes, Chapter 607, Florida Statutes, and that the corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation of the State of Florida and that I am duly sworn to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block C, or Block D, of the report or certificate filed with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR