

AMENDED
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG -2 PM 12:30

DOCUMENT # F38137

1. Entity Name
CARIBBEAN CARNIVAL TRAVEL, INC.

Principal Place of Business 4950 W. Flagler Street Miami, Florida 33134	Mailing Address 4950 W. Flagler Street Miami, Florida 33134
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2. Principal Place of Business 4950 W. Flagler Street Suite, Apt. #, etc.	3. Mailing Address 4950 W. Flagler Street Suite, Apt. #, etc.
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City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 59-2110699	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country U.S.A.	Zip 33134	Country U.S.A.

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

Hector Navarrete
4950 W. Flagler Street
Miami, Florida 33134

7. Name and Address of New Registered Agent

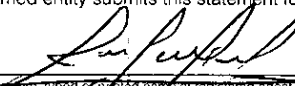
Name
Rafael D. Perez

Street Address (P.O. Box Number is Not Acceptable)
5701 S.W. 137 Avenue

City
Miami

FL Zip Code
33183

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  DATE **7-27-01**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing --Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE President/Director	<input checked="" type="checkbox"/> Delete
NAME Hector Navarrete	
STREET ADDRESS 10211 S.W. 7 Terrace	
CITY-ST-ZIP Miami, Florida 33134	
TITLE Secretary/Director	<input checked="" type="checkbox"/> Delete
NAME Mirta Navarrete	
STREET ADDRESS 10211 S.W. 7 Terrace	
CITY-ST-ZIP Miami, Florida	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Rafael D. Perez	
STREET ADDRESS 5701 S.W. 137 Avenue	
CITY-ST-ZIP Miami, Florida 33183	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **7-27-01** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)