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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F94000005087 (1)

1. Corporation Name

CARIBBEAN VACATION NETWORK, INC.

Principal Place of Business

1501 WEST FULLERTON VENUE
CHICAGO IL 60614

Mailing Address

1501 WEST FULLERTON VENUE
CHICAGO IL 60614

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3/19/85

3a. Date of Last Report

4. FEI Number

363365489

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. 199.032,
Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business

21 1370 WASHINGTON AVE.

2a. Mailing Address

26 1370 Washington AVE.

Suite, Apt. #, etc.

22 301

Suite, Apt. #, etc.

27 301

City & State

23 MIAMI BEACH, FL

City & State

28 MIAMI BEACH, FL

Zip

24 33139

Country

25 DADE

Zip

29 33139

Country

30 DADE

9. Name and Address of Current Registered Agent

SCHWARTZ, FRED
1370 WASHINGTON AVENUE, STE 301
MIAMI BEACH FL 33139

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PDT
SCHWARTZ, FRED
1501 WEST FULLERTON AVE.
CHICAGO IL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VDS
DORMAN, MICHAEL
1501 WEST FULLERTON AVE.
CHICAGO IL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

1370 WASHINGTON AVENUE SUITE 301
MIAMI BEACH, FLORIDA 33139

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X
Typed name and printed name of signing officer or director

3/16/85 x 305-673-8822
Date (Month/Day/Year) Filing (Folio #)