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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9400005087 (1)

CARIBBEAN VACATION NETWORK, INC.

Principal Place 1370 WSHINGT SUITE 301 MIAMI BEACH US  2. Principal P 21 Suite, Apt 22 City & State	ON AVE FL 33139 lace of Business #, etc.	Mailing Address 1370 WASHINGTON AVE SUITE 301 MIAMI BEACH FL 33139-US  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		3. Date incorporated or Qualified 09/30/1994 4. FEI Number 36-3365489 5. Certificate of Status Desired	3a. Date of Last Report 01/26/1996 Applied For Not Applicable \$8.75 Additional Fee Required
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip <b>29</b>	Country 30	,	Yes No
	<ol><li>Name and Address of Curred WARTZ, FRED</li></ol>	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the oblig	02 and 607 1508, Florida States of Florida States	83  84 City  utes, the above-named cost authorized by the corpo	orporation submits this statement for the p ration's board of directors. I hereby accept	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered ag		OTE: Registered Agent signature rec	· · · · · · · · · · · · · · · · · · ·	DATE
12.	OFFICERS AN	ID DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12  Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	SCHWARTZ, FRED 1370 WASHINGTON AVENUE, MIAMI BEACH FL	<del></del>	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		C change C receion
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS DORMAN, MICHAEL 1501 WEST FULLERTON AVE CHICAGO IL	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	:	Change Addition
TITLE NAME SIREET ADDRESS CITY - ST - ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		Change Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
		DELETE	6.1 TITLE 6.2 NAME		Change Addition

**SIGNATURE** 

OF PRINTED NAME OF SHANING OFFICER OR DIRECTOR

3091 305-673-8820 Dayena Phone

**FILED** 

Feb 10 1997 8:00am

Secretary of State