

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

FILED

Mar 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

1370 WASHINGTON AVE  
SUITE 301  
MIAMI BEACH FL 33139  
US

Mailing Address

1370 WASHINGTON AVE  
SUITE 301  
MIAMI BEACH FL 33139  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1994

4. FEI Number

36-3365489

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 1680 MERIDIAN AVE.

Suite, Apt. #, etc.

22 SUITE 504

City & State

23 MIAMI BEACH, FL

Zip

24 33139-2709

Country

25 USA

2a. Mailing Address

26 1680 MERIDIAN AVE

Suite, Apt. #, etc.

27 SUITE 504

City & State

28 MIAMI BEACH, FL

Zip

29 33139-2709

Country

30 USA

9. Name and Address of Current Registered Agent

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

Change of  
address  
only

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1680 MERIDIAN AVE., SUITE 504

83

84 City MIAMI BEACH

FL

85 Zip Code

33139-2709

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 ☐ DELETE

NAME PDT  
STREET ADDRESS SCHWARTZ, FRED  
CITY-ST-ZIP 1370 WASHINGTON AVENUE, SUITE 301  
MIAMI BEACH FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1680 MERIDIAN AVE, SUITE 504  
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139-2709

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

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.

SIGNATURE:

Fred Schwartz 2/27/98 305-673-8822

CR2E034 (10/97)