

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

FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003755 (4)
 1. Corporation Name
FIRST CARIBBEAN MANAGEMENT, LTD., INC.



Principal Place of Business 7570 N.W. 14TH STREET MIAMI FL 33126	Mailing Address 7570 N.W. 14TH STREET MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/02/1995	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0598106		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**AUSTIN, RICHARD B
 8390 N.W. 53RD STREET, #300
 MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name Carlos Perdomo
82 Street Address (P.O. Box Number is Not Acceptable) 7570 N.W. 14th Street
83 City Miami
84 State FL
85 Zip Code 33126

11. Pursuant to the provisions of Sections 607.0507 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NO) Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PC	<input type="checkbox"/>
NAME	MANSUR, LUIS F	
STREET ADDRESS	CHARLOTTE HOUSE, CHARLOTTE & SHIRLEY STS	
CITY-ST-ZIP	NASSAU BAHAMAS	
TITLE	VVC	<input type="checkbox"/>
NAME	PETERSON, RANDOLPH	
STREET ADDRESS	7570 N.W. 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	S	<input type="checkbox"/>
NAME	PATTERSON, GEORGE E JR	
STREET ADDRESS	7570 N.W. 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	T	<input type="checkbox"/>
NAME	PERDOMO, CARLOS	
STREET ADDRESS	7570 N.W. 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *[Signature]*

CR2E034 (10/97)