

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90095 034 \*\*\*150.00

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1. Corporation Name

CARIBBEAN INTERLINER SERVICES N.V.

Principal Place of Business

618 US HWY 1, SUITE 301  
NORTH PALM BEACH FL 33408

Mailing Address

618 US HWY 1, SUITE 301  
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

65-0741403

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4521 P.G.A. Blvd.

2a. Mailing Address

26 4521 P.G.A. Blvd.

Suite, Apt. #, etc.

22 Suite #255

Suite, Apt. #, etc.

27 Suite #255

City & State

23 Palm Beach GARDENS

City & State

28 Palm Beach GARDENS, FL

Zip

24 FL33418

Country

25 USA

Zip

29 33418

Country

30 USA

9. Name and Address of Current Registered Agent

HULSKER, WILHELM A  
618 US HWY 1, SUITE 301  
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

82 Wilhelm A. Hulsker

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

84 4521 P.G.A. Blvd. suite #255

85

City Palm Beach GARDENS FL

Zip Code 33418

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 C ☐ DELETE

NAME HUIZING, ARNOLD  
STREET ADDRESS PIETERMAAI 1-7, WILLEMSTAD-CURACAO  
CITY-ST-ZIP NEDERLANDSE ANTILLEN

TITLE P ☐ DELETE

NAME HULSKER, WILHELM A  
STREET ADDRESS 618 US HWY 1, SUITE 301  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6 - 1999 561-799-6311