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FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G06592** (1)

1. Corporation Name  
**CARIBBEAN NAUTICAL PROMOTIONS, INC.**

Principal Place of Business  
**780 N.W. LEJEUNE ROAD #516  
MIAMI FL 33126**

Mailing Address  
**780 N.W. LEJEUNE ROAD #516  
MIAMI FL 33126-5836**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. # etc.

26 State, Apt. # etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

b. Name and Address of Current Registered Agent

**PIEDRA, AURELIO A  
780 NW LE JEUNE RD #516  
MIAMI FL 33126**

3. Date of Incorporation or Quotation

**11/01/1982**

3a. Date of Last Report

**08/12/1996**

4. FCID Number

**59-2230210**

Applied For

Not Applicable

5. Corporate Action Status Desired

**\$8.75 Additional  
Fee Required**

6.

**\$5.00 May Be  
Added to Fees**

8. This corporation is authorized to be managed by the corporation's directors (1990/92)  
 Yes  No

10. Name and Address of New Registered Agent

81 Title

82 Street Address (P.O. Box if appropriate) and Apartment

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned hereby certifies, under penalty of perjury, that the information furnished in this report is true and correct and that the undersigned is authorized to file this report on behalf of the corporation and to accept the obligations of Sections 607.0502, Florida Statutes.

SIGNATURE

*[Signature]*

4/27/97

12. OFFICERS AND DIRECTORS

TITLE: **PO**  OFFICER  DIRECTOR  
NAME: **CASTELAZO, FRANCISCO**  
STREET ADDRESS: **APARTADO POSTAL 341**  
CITY, STATE, ZIP: **COZUMEL Q ROO, MEXIC**

TITLE: **S**  OFFICER  DIRECTOR  
NAME: **DE ITURBIDE, JOAQUIN**  
STREET ADDRESS: **APARTADO POSTAL 341**  
CITY, STATE, ZIP: **COZUMEL Q ROO ME**

TITLE: **T**  OFFICER  DIRECTOR  
NAME: **RANGEL, CECILIA**  
STREET ADDRESS: **APARTADO POSTAL 341**  
CITY, STATE, ZIP: **COZUMEL Q ROO ME**

TITLE:  OFFICER  DIRECTOR  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

TITLE:  OFFICER  DIRECTOR  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

TITLE:  OFFICER  DIRECTOR  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

13.  Change  Addition

14.  Change  Addition

15.  Change  Addition

16.  Change  Addition

17.  Change  Addition

18.  Change  Addition

**500002179745  
-05/15/97--01046--008  
\*\*\*173.75**

*[Handwritten initials]*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.01(1), Florida Statutes. I am of lawful age and I am the officer or director of the corporation or the recipient of a trust or otherwise empowered to execute the return. My name and address as of the date of this filing are as stated above, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR