

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

057204

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
99 JUL 21 AM 10:01



**DOCUMENT # G06592**  
1. Corporation Name  
**CARIBBEAN NAUTICAL PROMOTIONS, INC.**

Principal Place of Business <b>780 N.W. LEJEUNE ROAD #516 MIAMI FL 33126</b>	Mailing Address <b>780 N.W. LEJEUNE ROAD #516 MIAMI FL 33126</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/01/1982</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
21		26		4. FEI Number <b>59-2230210</b>	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24		29		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PIEDRA, AURELIO A</b> <b>780 NW LE JEUNE RD #516</b> <b>MIAMI FL 33126</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELAZO, FRANCISCO	1.2 NAME	
STREET ADDRESS	APARTADO POSTAL 341	1.3 STREET ADDRESS	<b>000002939440--0</b>
CITY-ST-ZIP	COZUMEL Q ROO, MEXIC	1.4 CITY-ST-ZIP	<b>-07/22/99--01108--023</b>
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<b>***558.75</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ITURBIDE, JOAQUIN	2.2 NAME	
STREET ADDRESS	APARTADO POSTAL 341	2.3 STREET ADDRESS	
CITY-ST-ZIP	COZUMEL Q ROO ME	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANGEL, CECILIA	3.2 NAME	
STREET ADDRESS	APARTADO POSTAL 341	3.3 STREET ADDRESS	
CITY-ST-ZIP	COZUMEL Q ROO ME	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 # \_\_\_\_\_

CR2E034 (11/98)

**SP**