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Feb 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G31184

1. Corporation Name

CARIBBEAN TRAVEL ENTERPRISES, INC.

Principal Place of Business

2780 SW 37TH AVE #205
MIAMI FL 33133

Mailing Address

2780 SW 37TH AVE #205
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1983

4. FEI Number

59-2287656

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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 4500 BISCAYNE BLVD

2a. Mailing Address

26 4500 BISCAYNE BLVD.

Suite, Apt. #, etc.

22 # 325

Suite, Apt. #, etc.

27 # 325

City & State

23 MIAMI, FLA

City & State

28 MIAMI, FL

Zip

24 33137

Country

25 USA

Zip

29 33137

Country

30 USA

9. Name and Address of Current Registered Agent

ANDERSON, CARA
3400 PAN AMERICAN DRIVE #7-21
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name CARA ANDERSON

82 Street Address (P.O. Box Number is Not Acceptable)
4500 BISCAYNE BLVD

83 STE 325

84 City MIAMI

FL

85 Zip Code

33137

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

1/29/99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME ROSE, BRIAN
STREET ADDRESS 35 SIR WILLIAMS LN
CITY-ST-ZIP TORONTO, ONT.

TITLE S ☐ DELETE

NAME ANDERSON, CARA
STREET ADDRESS 3400 PAN AMERICA DR
CITY-ST-ZIP MIAMI FL

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 VICE PRESIDENT, SECRETARY-1/5 ☒ Change ☐ Addition

2.2 NAME CARA ANDERSON

2.3 STREET ADDRESS 4500 BISCAYNE BLVD - STE 325

2.4 CITY-ST-ZIP MIAMI FL 33137

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 trustee 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 #

CARA ANDERSON, V.P. Sec. 1/29/99 305-444-7777

CR2E034 (11/98)