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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

101

1. Corporatio	S-Caribbean air expo	\ /							
Principal Place of Business Mailing Address 8790 SW 57 PL POB 84-1221									
COOPER C	TY FL 33328	HOLLYWOOD FL 33	HOLLYWOOD FL 33084-3221 US						
บร		US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						01/20/1989			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	T A	pplied For	
21		26	26			65-0113782		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired	
City & Stat	ė	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country Zip 25 29 30			Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, Yes No			
	Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered	lgent		
					Name				
					82 Street Address (P.O. Box Number is Not Acceptable)				
U	OOPER CITY FL 33328			83					
			i	84	City	FL	85 Zip	Code	
office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Stan familiar with, and accept the ob	ate of Florida. Such change wa bligations of, Section 607.0505,	as authorize , Fiorida Stat	d by utes	/ the corporati s	oration submits this statement for the purpose of on's board of directors. I hereby accept the appointment of the purpose of when reinstating) DATE	changing i sintment as	ts registered registered	
12.		AND DIRECTORS	13.	u Age	ant signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIBECTO	RS IN 12	
TITLE	D	DELETE	1.1 TI	TLE			☐ Change	Addition	
NAME	LINCOLN, CHARLES		1.2 NA				,		
STREET ADDRESS	8730 S.W. 57TH PLACE		1.3 ST	1.3 STREET ADDRESS					
CITY - ST - ZIP			1,4 CF	1.4 CITY-ST-ZIP		<u> </u>			
TITLE	☐ D£LETE		2.1 TII	2.1 TITLE			Change	Addition	
NAME			2.2 NA	2.2 NAME					
STREET ADDRESS	TREET AOORESS 2.3 S			REET	ADDRESS				
CITY-ST-ZIP			2, 4 C		ST-ZIP				
TITLE		DELETE	3.1 TIT	LE	}		Change	Addition	

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 op an attachment with an addless

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

City-ST-ZiP

Change

Change

☐ Change

Addition

Addition

☐ Addition

FILED

Jan 21 1998 8:00am

Secretary of State