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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L09804

(0)

CARIBBEAN MARKETING & SERVICES, INC.

12908 S.W. 133 COURT 12908 S.W. MIAMI FL 33188 MIAMI FL		Mailing Address 12906 S.W. 133 COURT MIAMI FL 33186-5806 US	S.W. 133 COURT				
03		US			3. Date Incorporated or Qualified 06/16/1989	3a. Date of Last 05/01/1996	
2. Principal F	Place of Business	2a. Mailing Address		·····,	4. FEI Number		applied For
21		26			65-0163349	<b>}</b>	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Regulred
Crty & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Ζιρ <b>24</b>	Country 25	Zip 29	Country 30		8. This corporation has liability for Florida Statutes	intangible tak under Yes No	s. 199.032.
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re		
TO	MLINSON, ERIC J		81	Name			
	08 S.W. 133 COURT	0	82	Street Add	fress (P.O. Box Number is Not Acceptal	ole)	
MIA	MI FL 33188		83	<del></del>			
1				<u> </u>			
			84	City		FL 85 Zip	Code
SIGNATURE.	om familiar with, and accept the ob-				poration submits this statement for the pation's board of directors, I hereby accelured when religiously	DATE	
12,	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	TOMLINSON, ERIC J.		1.2 NAME				
STREET ADDRESS	41144		1.3 STREET				
CITY ST-ZIF	MIAMI FL			T-ZIP			
lift.F	D TOMBNEON MADOUEDUS	<b></b>	2.1 TITLE	1		Change	Addition
NAME STREET ADDRESS	TOMLINSON, MARGUERITE 16600 SW 149TH AVE	; F.	2.2 NAME	ADDRESS			
CHY-ST-ZIF	MIAMI FL		2.3 STREET				
TILLE	INVANI I F	DELETE	2.4 CITY - ST - ZIP 31 TITLE			Change	Addition
NAME			3.2 NAME	1		Land Original	1100-1(U)
STREET ADDRESS			3.3 STREET	ADDRESS			
C(1) Y - S1 - Z(P)			3.4. CITY - ST - ZIP				İ
THE	6 mg, ,	DELETE	4.1 TITLE			Change	Addition
NAME			4.2 NAME				Î
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY+S1-ZIP			4.4 CITY - S	1-ZIP			
TITLE		☐ DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			52 NAME	1			
PROPER ADDRESS			E S STORET	4000000			

14. I do 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 eath; that I am an officer or director of the corporation or the receiver of Justee 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.

6.1 TITLE

6.2 NAME

**6.3 STREET ADDRESS** 

SIGNATURE:

CITY - ST- ZIP TITLE

STREET ADDRESS

NAME

**FILED** 

Apr 23 1997 8:00am

Secretary of State

Change

Addition

0051449