


APPROVED  
AND  
FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L27950 (9)

1. Corporation Name  
CARIBBEAN SERVICES ENTERPRISE INC.

Principal Place of Business  
P O BOX 523763  
MIAMI FL 33152  
US

Mailing Address  
P O BOX 523763  
MIAMI FL 33152-3763  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
11/07/1989

3a. Date of Last Report  
10/31/1996

4. FEI Number  
65-0156434

Applied For  
Not Applicable

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

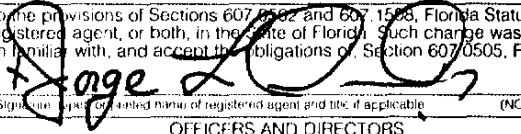
6. Election Campaign Financing  
Trust Fund Contribution  
\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
Yes No

9. Name and Address of Current Registered Agent  
CORPORATE RESEARCH SERVICES  
4244 W. TENNESSEE STREET  
#388  
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent  
81 Name  
Jorge Rodriguez  
82 Street Address (P.O. Box Number is Not Acceptable)  
657 South Drive  
83  
84 City  
Miami  
85 Zip Code  
FL 33166

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:  - Jorge Rodriguez - Vice President

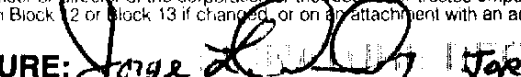
Signature of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
1.5  
1.6  
1.7  
1.8  
1.9  
1.10

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
1.5  
1.6  
1.7  
1.8  
1.9  
1.10

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 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.

SIGNATURE:  - Jorge Rodriguez - Vice President

DATE: 1/29/97

DAYTIME PHONE: 305-805-0425