FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 25 1996 8:00 am
Secretary of State

DOCUMENT # **M70124** **(6)**

1. Corporation Name

AMERICAN CARIBBEAN REAL ESTATE, INC.

Principal Place of Business	Mailing Address
81800 OVERSEA HIGHWAY ISLAMORADA FL 33036	81800 OVERSEA HIGHWAY ISLAMORADA FL 33036

3. Date Incorporated or Qualified: **02/24/1988**

3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **65-0052616** ☐ 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

BUCHANAN, JUNE FAYE
149 SAPODILLA DRIVE
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name: Howard J. Corr
82 Street Address (P.O. Box Number is Not Acceptable): P. O. Box 1038
83:
84 City: 215 Ojibway Ave. Tavernier FL 85 Zip Code: 33070

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.

Howard J. Corr — 3/19/96

Signature of Registered Agent (if applicable) (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BUCHANAN JUNE FAYE	
STREET ADDRESS	149 SAPODILLA DRIVE	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	V	☐ DELETE
NAME	CLARK, BROOKS S	
STREET ADDRESS	396 PALM DRIVE	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	ST	☐ DELETE
NAME	VASNILES, MABEL	
STREET ADDRESS	200 EL CAPITAN APT. C-4	
CITY-ST-ZIP	ISLAMORADA 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Howard J. Corr	
1.3 STREET ADDRESS	215 Ojibway Ave.	
1.4 CITY-ST-ZIP	Tavernier, Fl 33070	
2.1 TITLE	V.P. & Treasurer	☒ Change ☐ Addition
2.2 NAME	James D. Terra	
2.3 STREET ADDRESS	845 N. Deep Woods Ct.	
2.4 CITY-ST-ZIP	Grayslake, Il 60030	
3.1 TITLE	Secretary	X ☐ Change ☐ Addition
3.2 NAME	June Faye Buchanan	
3.3 STREET ADDRESS	149 Sapodilla Drive	
3.4 CITY-ST-ZIP	Islamorada, Fl 33036	
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Howard J. Corr — 3-16-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #