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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
AMERICAN CARIBBEAN REAL ESTATE, INC.

Principal Place of Business	Mailing Address
81800 OVERSEA HIGHWAY ISLAMORDA FL 33036	81800 OVERSEA HIGHWAY ISLAMORDA FL 33036-3606

3. Date Incorporated or Qualified: 02/24/1988
3a. Date of Last Report: 03/25/1996

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 P.O. BOX 353
27 Suite, Apt. #, etc.
28 City & State: ISLAMORADA, FL
29 Zip: 33036 30 Country

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

CORR, HOWARD J
81800 OVERSEAS HIGHWAY
ISLAMORDA FL 33036

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Howard Corr 4-28-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CORR, HOWARD J		1.2 NAME		
STREET ADDRESS	215 OJIBWAY AVE		1.3 STREET ADDRESS	119 VILLA BELLA DRIVE	
CITY-ST-ZIP	TAVERNIER FL		1.4 CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	VP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	TERRA, JAMES D		2.2 NAME		
STREET ADDRESS	845 N DEEP WOODS CT		2.3 STREET ADDRESS	361 ST. ANDREWS	
CITY-ST-ZIP	GRAYSLAKE IL		2.4 CITY-ST-ZIP	GURNEE IL 60031	
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BUCHANAN, JUNE FAYE		3.2 NAME		
STREET ADDRESS	149 SAPODILLA DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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. JAMES D. TERRA

SIGNATURE: James D. Terra PRES 4/25/97 (305)664-4966