N93000005037

FILED

95 JUN -2 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Corporation Name
THE CARIBBEAN & AMERICAN ALLIANCE OF S. FLORIDA

DOCUMENT #
N93000005037(7)
6-26-94

Mailing Address
Colleen Julius
19101 NW 11 Street
Pembroke Pines, FL 33029
(NEW ADDRESS)

Principal Place of Business
SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified: 11/09/93
3a. Date of Last Report:

2. Mailing Address (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Principal Place of Business (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired $8.75 [ ]

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

7. Nonprofit Exempt from $138.75 Supplemental Fee [ ]

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

9. Name and Address of Current Registered Agent

Joy Rodgers
13515 NE 24 Court
No. Miami, FL 33181

10. Name and Address of New Registered Agent

81 Name: Colleen Julius
82 Street Address (P.O. Box Number is Not Acceptable): 19101 NW 11 Street
83 Pembroke Pines,
84 City: FL 85 Zip Code: 33029

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: 6/1/94
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	President D	11 TITLE	
12 NAME	Colleen Julius	12 NAME	
13 STREET ADDRESS	19101 NW 11 Street	13 STREET ADDRESS	
14 CITY-ST-ZIP	Pembroke Pines, FL 33029	14 CITY-ST-ZIP	
21 TITLE	Treasurer D	21 TITLE	94495 A.R. CM
22 NAME	Joy Rodgers	22 NAME	
23 STREET ADDRESS	18921 NW 23 Court	23 STREET ADDRESS	
24 CITY-ST-ZIP	Miami, FL 33056	24 CITY-ST-ZIP	
31 TITLE	Mike Hood Jr. D	31 TITLE	
32 NAME	c/o 19101 NW 11 Street	32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP	Pembroke Pines, FL 33029	34 CITY-ST-ZIP	400001509984
41 TITLE		41 TITLE	-06/09/95--01063--024
42 NAME		42 NAME	****260.00 ****260.00
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ President 4/26/94 884-7580
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DATE — Daytime Phone #