

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
97 MAR -6 AM 11:56

DOCUMENT # N95000005636 (4)

1. Corporation Name
CABNET: CARIBBEAN AMERICAS BUSINESS NETWORK, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-97

Principal Place of Business Mailing Address
~~809 NORTHWEST 62ND STREET MIAMI FL 33140~~
13899 Biscayne Blvd, Ste 143
MIAMI, FL 33181

3. Date Incorporated or Qualified 11/27/1995
3a. Date of Last Report 11/27/95

2. Principal Place of Business 21 13899 BISCAYNE BLVD
2a. Mailing Address 26 13899 BISCAYNE BLVD
4. FEI Number 65-0685719

22 143 Suite, Apt. #, etc. 27 143

23 MIAMI FL City & State 28 MIAMI FL

24 33181 Zip 25 USA Country 29 33181 30 USA

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
REID, SHARON A
1111 NW 146TH STREET
MIAMI FL 33167

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 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 617.0503, Florida Statutes.

SIGNATURE *Sharon A. Reid* SHARON A. REID DATE 3/3/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D REID, SHARON A	<input type="checkbox"/> DELETE
NAME	1111 NW 146TH STREET	
STREET ADDRESS	MIAMI FL 33167	
CITY-ST-ZIP		
TITLE	D ENGLISH, KEN	<input type="checkbox"/> DELETE
NAME	22360 BOB O'LINK DRIVE	
STREET ADDRESS	MIAMI LAKES FL 33015	
CITY-ST-ZIP		
TITLE	D JULIUS, COLLEEN	<input type="checkbox"/> DELETE
NAME	19101 NW 11TH STREET	
STREET ADDRESS	PEMBROKE PINES FL 33029	
CITY-ST-ZIP		
TITLE	D GAYLE, DENNIS PH.D.	<input type="checkbox"/> DELETE
NAME	UNIVERSITY PARK PC 538	
STREET ADDRESS	MIAMI FL 33199	
CITY-ST-ZIP		
TITLE	D BRYAN, ANTHONY T PH.D.	<input type="checkbox"/> DELETE
NAME	1500 MONZA AVENUE	
STREET ADDRESS	CORAL GABLES FL 33146	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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****297.50 ****297.50

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sharon A. Reid* DATE 3/3/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)