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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

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1. Corporation Name

CABNET: CARIBBEAN AMERICAS BUSINESS NETWORK, INC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

*SAME*

~~829 NORTHWEST 82ND STREET  
MIAMI FL 33150~~

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MIAMI FL 33150~~

13899 Biscayne Blvd, Ste 143  
Miami, FL 33181

REINSTATEMENT *91-97*

3. Date Incorporated or Qualified  
11/27/1995

3a. Date of Last Report  
11/27/95

2. Principal Place of Business

2a. Mailing Address

21 13899 BISCAYNE BLVD

26 13899 BISCAYNE BLVD

4. FEI Number  
65-0685719

Applied For  
Not Applicable

Suite, Apt. #, etc.

22 143

Suite, Apt. #, etc.

27 143

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

City & State

23 MIAMI FL

City & State

28 MIAMI FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

24 33181

Country

25 USA

Zip

29 33181

Country

30 USA

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

*[Signature]*

SHARON A. REID

(NOTE: Registered Agent signature required when reinstating)

3/3/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
REID, SHARON A  
STREET ADDRESS  
1111 NW 146TH STREET  
CITY-ST-ZIP  
MIAMI FL 33167

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
ENGLISH, KEN  
STREET ADDRESS  
22360 BOB O'LINK DRIVE  
CITY-ST-ZIP  
MIAMI LAKES FL 33015

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
JULIUS, COLLEEN  
STREET ADDRESS  
19101 NW 11TH STREET  
CITY-ST-ZIP  
PEMBROKE PINES FL 33029

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
GAYLE, DENNIS PH.D.  
STREET ADDRESS  
UNIVERSITY PARK PC 538  
CITY-ST-ZIP  
MIAMI FL 33199

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
BRYAN, ANTHONY T PH.D.  
STREET ADDRESS  
1500 MONZA AVENUE  
CITY-ST-ZIP  
CORAL GABLES FL 33146

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #