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Jun 16, 2003 8:00 am
Secretary of State
05-08-2003 90170 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55048303

DOCUMENT # P02000032055

1. Entity Name
CARIBBEAN DESTINATIONS, CORP. ② ✓

Principal Place of Business	Mailing Address
280 SHORE DR E MIAMI, FL 33133	280 SHORE DR E MIAMI, FL 33133

2. Principal Place of Business 7350 NW 75st	3. Mailing Address SAME
Suite, Apt. #, etc. 204	Suite, Apt. #, etc.
City & State Miami, Fl	City & State
Zip 33126 Country Miami-Dade	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 753052303 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PORTUONDO, ALONSO 280 SHORE DR E MIAMI, FL 33133	Name Alonso Portuondo Caribbean Destinations Corp. Street Address (P.O. Box Number Is Not Acceptable) 7350 NW 75st # 204 City Miami, FL Zip Code 33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTUONDO, ALONSO 280 SHORE DR E MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Alonso Portuondo 4-29-03 786-488-8330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #