

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P35338** (3)

1. Corporation Name

CITIZENS BANK LIMITED "CORPORATION"



Principal Place of Business

**200 S BISCAYNE BLVD #3550
MIAMI FL 33131-9332**

Mailing Address

**200 S BISCAYNE BLVD #3550
MIAMI FL 33131-9332**

3. Date Incorporated or Qualified
09/03/1991

3a. Date of Last Report
04/13/1995

4. FEI Number
65-0273083

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BUILDING
100 CHOPIN PLAZA
MIAMI FL 33131**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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

Signature, typed or printed name of registered agent (a will be required)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	GM	<input type="checkbox"/> DELETE
NAME	DAVIES, DAVID	
STREET ADDRESS	C/O 17 DOMINICA DRIVE	
CITY-STATE-ZIP	KINGSTON 5, JAMAICA W.I.	
12.2	MD	<input type="checkbox"/> DELETE
NAME	WIGGAN, LLOYD	
STREET ADDRESS	C/O 17 DOMINICA DRIVE	
CITY-STATE-ZIP	KINGSTON 5, JAMAICA W.I.	
12.3	GM	<input type="checkbox"/> DELETE
NAME	CALLENDER, DON	
STREET ADDRESS	C/O 17 DOMINICA DRIVE	
CITY-STATE-ZIP	KINGSTON 5, JAMAICA W.I.	
12.4	S	<input type="checkbox"/> DELETE
NAME	FACEY, CAMILLE	
STREET ADDRESS	C/O 17 DOMINICA DRIVE	
CITY-STATE-ZIP	KINGSTON 5, JAMAICA W.I.	
12.5	CD	<input checked="" type="checkbox"/> DELETE
NAME	DANVERS, WILLIAMS R.	
STREET ADDRESS	C/O 28-48 BARBADOS AVE.	
CITY-STATE-ZIP	KINGSTON 5, JAMAICA W.I.	
12.6	GM	<input type="checkbox"/> DELETE
NAME	BYTES, HELEN	
STREET ADDRESS	C/O 17 DOMINICA DRIVE	
CITY-STATE-ZIP	KINGSTON 5, JAMAICA W.I.	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	GM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, MICHAEL	
STREET ADDRESS	c/o 17 DOMINICA DRIVE, KINGSTON 5	
13.2	GM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDS, WILFRED	
STREET ADDRESS	C/O 17 DOMINICA DRIVE	
13.3	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS LALOR	
STREET ADDRESS	28-48 BARBADOS AVENUE	
13.4	GM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINDS, WILLIAM	
STREET ADDRESS	200S BISCAYNE BLVD #3550	
13.5		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
13.6		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
13.7		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		

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

SIGNATURE:

Camille Facey

CAMILLE FACEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)