

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P35338** (3)

1. Corporation Name
CITIZENS BANK LIMITED "CORPORATION"



Principal Place of Business 200 S BISCAYNE BLVD #3550 MIAMI FL 33131-8332	Mailing Address 200 S BISCAYNE BLVD #3550 MIAMI FL 33131-2332
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3. Date Incorporated or Qualified 09/03/1991	3a. Date of Last Report 02/12/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0273083 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	GM <input type="checkbox"/> DELETE	1.1 TITLE	GM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIES, DAVID	1.2 NAME	WILFRED RICHARDS
STREET ADDRESS	C/O 17 DOMINICA DRIVE	1.3 STREET ADDRESS	C/O 17 DOMINICA DRIVE
CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.	1.4 CITY-ST-ZIP	KINGSTON 5, JA. W.I.
TITLE	MD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	GM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIGGAN, LLOYD	2.2 NAME	HENRY HALL
STREET ADDRESS	C/O 17 DOMINICA DRIVE	2.3 STREET ADDRESS	C/O 17 DOMINICA DRIVE
CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.	2.4 CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.
TITLE	GM <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLENDER, DON	3.2 NAME	
STREET ADDRESS	C/O 17 DOMINICA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FACEY, CAMILLE	4.2 NAME	
STREET ADDRESS	C/O 17 DOMINICA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.	4.4 CITY-ST-ZIP	
TITLE	GM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, MICHAEL	5.2 NAME	
STREET ADDRESS	% 17 DOMINICA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 5 JA	5.4 CITY-ST-ZIP	
TITLE	GM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYLES, HELEN	6.2 NAME	
STREET ADDRESS	C/O 17 DOMINICA DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.	6.4 CITY-ST-ZIP	

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAMILLE FACEY

Jan 15, 1997
Date

Daytime Phone #
0172996

CR2E034 (9/96)