

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

FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 33131-8332**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/03/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0273083	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	GM <input checked="" type="checkbox"/> DELETE	1.1 TITLE	MANAGING DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, DAVID	1.2 NAME	MICHAEL WRIGHT
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, JAMAICA W.I.
TITLE	GM <input type="checkbox"/> DELETE	2.1 TITLE	GM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDS, WILFRED	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 JA	2.4 CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.
TITLE	GM <input checked="" type="checkbox"/> DELETE	3.1 TITLE	GM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLENDER, DON	3.2 NAME	LOREN EDWARDS
STREET ADDRESS	C/O 17 DOMINICA DRIVE	3.3 STREET ADDRESS	C/O 17 DOMINICA DRIVE
CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.	3.4 CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.
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 checked="" 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 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 in an Attachment with an address.

CR2E034 (10/97)