

**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 # **P93000016181 (8)**

1. Corporation Name

**CARIBBEAN BEACH HOLIDAYS, INC.**



Principal Place of Business

**8360 W OAKLAND PARK BLVD  
SUITE 301  
FT LAUDERDALE FL 33351**

Mailing Address

**8360 W OAKLAND PARK BLVD  
SUITE 301  
FT LAUDERDALE FL 33351**

3. Date Incorporated or Qualified  
**03/03/1993**

3a. Date of Last Report  
**05/01/1995**

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

25

29

30

4. FEI Number  
**65-0399161**

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**MURRAY, E SONIE  
8360 W OAKLAND PARK BLVD  
SUITE 301  
FT LAUDERDALE FL 33351**

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

*E. Sonie Murray*

**4/22/96**

12. OFFICERS AND DIRECTORS

TITLE **DP**  DELETE  
NAME **MURRAY, E SONIE**  
STREET ADDRESS **8360 W OAKLAND PARK BLVD SUITE 301**  
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE **VP**  DELETE  
NAME **MUNROE, COLBERT**  
STREET ADDRESS **8360 W OAKLAND PK BL 301**  
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE **S**  DELETE  
NAME **FRANCIS-DAVIS, ANTOINETT**  
STREET ADDRESS **8360 W OAKLAND PK BLVD 301**  
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP  Change  Addition

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

*E. Sonie Murray  
8360 W Oakland Park Blvd #301  
Sunrise, FL 33351*

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: *E. Sonie Murray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/96* x *905-749-3032*  
Date Day, Time Phone

CR2E034 (12/95)