CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 24 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
CARIBBEAN RESORTS INC

DOCUMENT # P93000044138 (4)

DO NOT WRITE IN THIS SPACE

Mailing Address	Principal Place of Business
~~200 ALHAMBRA CIRCLE~~	~~200 ALHAMBRA CIRCLE~~
~~SUITE 501~~	~~SUITE 501~~
~~CORAL GABLES FL 33134~~	~~CORAL GABLES FL 33134~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified: 06/22/1993
3a. Date of Last Report:

2. Mailing Address	2a. Principal Place of Business
21 6862 NW 173 Drive #407	26 6862 NW 173 Dr. #407
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite # 407	27 Suite # 407
City & State	City & State
23 Miami, Florida	28 Miami Florida
Zip / Country	Zip / Country
24 33015 25 U.S.A.	29 33015 30 USA

4. FEI Number: 65-0424476 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired: $8.75 ☐ $52.50 XX

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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASO CARLOS R 299 ALHAMBRA CIRCLE SUITE 218 CORAL GABLES FL 33134	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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	~~D~~	11 TITLE	D/S/T
12 NAME	~~MOONASAR KETH~~	12 NAME	MOONASAR KESHAVA
13 STREET ADDRESS	~~200 ALHAMBRA CIR, SUITE 501~~	13 STREET ADDRESS	6862 NW 173 Drive, Ste 407
14 CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	14 CITY-ST-ZIP	Miami Fl. 33015
21 TITLE	~~D~~	21 TITLE	C/P
22 NAME	ROZIER RICHARD	22 NAME	
23 STREET ADDRESS	~~200 ALHAMBRA CIR., SUITE 501~~	23 STREET ADDRESS	6862 NW 173 Drive, Suite 407
24 CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	24 CITY-ST-ZIP	Miami Fl. 33015
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

5/24/95 MS

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Keshava C Moon Keshava Rozier 4/18/95 305-817-9579
Date Daytime Phone #