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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90151 029 ***150.00

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DOCUMENT # P93000046751

1. Corporation Name

CARIBBEAN HOMES/CONDOS/INNS INTERNATIONAL, INC.

								!!! ! !!! !!!	10) 1)11) 1)11) 111)
Principal Place of Business Mailing Address									
13500 N. KENDALL DRIVE SUITE 270 B MIAMI FL 33186 '			13500 N. KENDALL DRIVE SUITE 270 B MIAMI FL 33186				DO NOT WRITE IN THIS	SPACE	
			minum / L de/de				3. Date Incorporated or Qualifed		
	1						06/25/1993		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Applied For
21			26				65-0520678		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75	Additional
221			27				5. Certifcate of Status Desired □,	Fee	Required
City & State			City & State				6. Election Campaign Financing	\$5.0	May Be
23	<u>. </u>	28					Trust Fund Contribution	Adde	d to Fees
Zip	Country		Zip	Cou	ntry		8. This corporation owes the current year Inta		_ {
24	25	29		30			Personal Property Tax.	∐ Yes_	□No
	9. Name and Address of Cur	rent Regi	stered Agent		ļ,		10. Name and Address of New Registered A	gent	
VINI	noce H				81	Name		•	
	A ROSS M				82	Street Add	dress (P.O. Box Number is Not Acceptable)	•	
	SOUTH DADELAND BLVD.								
	E 330				83				}
MIM	/II FL 33156				84	City		85 Zi	p Code
					[[•	poration submits this statement for the purpose of		
SIGNATURE	Signature, typed or printed name of registered			-	Agen	t signature require	red when reinstating) DATE	- DIDEC	TODG IN 12
12.	OFFICERS	AND DIRI		13.			ADDITIONS/CHANGES TO OFFICERS AN	DIREC Change	
TITLE	PTSD POSS M		☐ DELETE	1.1 ∏				Onang	c Livadiion
NAME	KING, ROSS M. 94000 SOUTH DADELAND (א מעונ	E 200	1.2 N					j
STREET ADDRESS		DLVU, SI	E 330			ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156		☐ DELETE	2.1 TI	TY-51	-2 0		[] Change	e Addition
TITLE				2.1 N		}			
NAME				1		*DDGCCC)
STREET ADDRESS						ADDRESS (1
CITY-ST-ZIP			☐ DELETE	3,1 TI	TY-S	1-219		Change	e Addition
TITLE	li.		C) beer ie	3.2 N		}			-
NAME STREET ADDRESS						ADORESS	The same and the s	hudag arr = .	
•				L.	JTY-S	1			l
CITY-ST-ZIP TITLE			☐ DELETE	4.1 Ti		<u> </u>		☐ Chang	e Addition
NAME				4,21	AME	{			1
STREET ADDRESS						ADDRESS			}
CITY-ST-ZIP	L.				ΠY-ST		•		
TITLE			☐ DELETE	5.1 Ti	_			Chang	e Addition
NAME				52 N	AME	Ì			. (
STREET ADDRESS				5.3 8	TREET	ADDRESS		•	}
CITY-ST-ZIP				5.4 C	ITY-SI	r-ZIP			
TITLE			☐ DELETE	6.1 7	TLE			Chang	e Addition
NAME				6.2 N	AME	({
STREET ADDRESS				6.3 \$	TREET	ADDRESS			}
CITY-ST-ZIP				6.4 C	TY-ST	r-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

narch 4/ 305)383-4333

CR2E034 (11/98)