

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED  
Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000052919 (6)**

1. Corporation Name  
**SOUTHERN CARIBBEAN FLORIDA, INC.**

Principal Place of Business

Mailing Address

~~656 COCONUT STREET SE~~  
~~PALM BAY, FL 32909~~

~~656 COCONUT STREET SE~~  
~~PALM BAY, FL 32909~~

**656 COCONUT STREET SE  
PALM BAY, FLORIDA 32909**



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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ACHAM, PETER  
625 NW 100TH AVE  
PEMBROKE PINES FL 33026**

81 Name

**PETER ACHAM**

82 Street Address (P.O. Box Number is Not Acceptable)

**656 COCONUT STREET SE**

83

84 City

**PALM BAY**

**FL**

85 Zip Code  
**32909**

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 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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE  
**3-27-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ACHAM, PETER</b>	
STREET ADDRESS	<del>656 COCONUT STREET SE</del> <b>656 Coconut St. SE</b>	
CITY-ST-ZIP	<del>PALM BAY, FL 32909</del> <b>Palm Bay, Fl 32909</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>ACHAM, ELENA</b>	
STREET ADDRESS	<del>656 COCONUT STREET SE</del> <b>656 Coconut St. SE</b>	
CITY-ST-ZIP	<del>PALM BAY, FL 32909</del> <b>Palm Bay, Fl 32909</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, unchanged, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Peter Acham**

**3-27-97**

**407-724-0477**

Daytime Phone #

0135007

CR2E034 (9/96)