
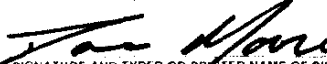


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000065044 1. Corporation Name CAYO CARIBE, INC.			
Principal Place of Business 1018 TRUMAN AV. KEY WEST, FL. 33040		Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 9/13/93	3a. Date of Last Report 7/20/96
22 City & State	27 City & State	4. FEI Number P93000065044	Applied For Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	25	29	30
9. Name and Address of Current Registered Agent VURAL, EROL M BARNETT BANK BLDG. 2ND FLOOR MM 25, US HWY 1 SUMMERLAND KEY, FL 33042		10. Name and Address of New Registered Agent	
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.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
SIGNATURE _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME MOORE, DANA 12.2 STREET ADDRESS 1018 TRUMAN AVE. 12.3 CITY - ST - ZIP KEY WEST, FL 33040	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME 12.5 STREET ADDRESS 12.6 CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME 12.8 STREET ADDRESS 12.9 CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME 12.11 STREET ADDRESS 12.12 CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME 12.14 STREET ADDRESS 12.15 CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.16 NAME 12.17 STREET ADDRESS 12.18 CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information declared 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 a director or officer 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 on Block 12 or Block 13 if changed, or on an attachment with an address.		8000002111558 -03/12/97--01090--016 ***165.00	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/8/97 305 296 4115 Date Daytime Phone	

CR2E034 (9/96)