

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000026723 (4)**
1. Corporation Name
CARIBBEAN FINANCIAL CONSULTING SERVICES, INC.



Principal Place of Business 1800 S.W. 1 STREET SUITE 214 MIAMI FL 33135	Mailing Address 256 NW 42 AVE MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1800 SW 1 ST Suite, Apt. #, etc. 22 # 211 City & State 23 Miami FL Zip 33135 Country		26. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 04/07/1994	
24		29		4. FEI Number 65-0480616 Applied For Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FAJARDO, LUIS A
1800 S.W. 1 STREET
SUITE 214
MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name	LUIS FAJARDO
82 Street Address (P.O. Box Number is Not Acceptable)	1800 SW 1 ST
83	# 211
84 City	Miami
85 Zip Code	FL 33135

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

Luis Fajardo

LUIS FAJARDO, REGISTERED AGENT

(NOTE: Registered Agent signature required when reinstating)

DATE

03/07/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVP	1.1 TITLE	DPVP
NAME	FAJARDO, LUIS A	1.2 NAME	LUIS FAJARDO
STREET ADDRESS	1800 S.W. 1 STREET, SUITE 214	1.3 STREET ADDRESS	1800 SW 1 ST # 211
CITY-ST-ZIP	MIAMI FL 33136	1.4 CITY-ST-ZIP	Miami, FL 33135
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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.

SIGNATURE:

Luis Fajardo

LUIS FAJARDO, PRESIDENT

03/07/98

CP2E034 (10/97)