

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90154 005 ***308.75

DOCUMENT # P94000076375

1. Corporation Name
CARIBBEAN LIFESTYLES 94, INC.

Principal Place of Business
386 N.E. 191 STREET
MIAMI FL 33179
US

Mailing Address
386 N.E. 191 STREET
MIAMI FL 33179
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1994

4. FEI Number

65-0527567

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing - ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BERNARD, MARLENE
624 N.E. 205 TERRACE
MIAMI FL 33179

81 Name

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

113 Nighthawk Ave

83

84 City

Plantation

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/14/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME BERNARD, BASIL
STREET ADDRESS 624 N.E. 205 TERRACE
CITY-ST-ZIP MIAMI FL 33179

TITLE T
NAME BERNARD, MARLENE
STREET ADDRESS 624 N.E. 205 TERRACE
CITY-ST-ZIP MIAMI FL 33179

TITLE VP
NAME SILVERA, GREGORY
STREET ADDRESS 20221 N.E. 21 AVENUE
CITY-ST-ZIP MIAMI FL 33179

TITLE VPS
NAME SILVERA, STACEY
STREET ADDRESS 20221 N.E. 21 AVENUE
CITY-ST-ZIP MIAMI FL 33179

TITLE VP
NAME BRYCE, RICHARD
STREET ADDRESS 624 N.E. 205 TERRACE
CITY-ST-ZIP MIAMI FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
113 Nighthawk Ave.
Plantation, FL 33324

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
113 Nighthawk Ave
Plantation FL 33324

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

V.P. (red) / Sec 11/14/99 305 651-8888

CR2E034 (11/98)

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