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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000054251 (0)

CARIBNET, INCORPORATED

Principal Place of Business 7200 W CAMINO REAL SUITE 215 BOCA RATON FL 33433			Mailing Address 7200 W CAMINO REAL SUITE 215 BOCA RATON FL 33433-5597								
								Date Incorporated or Qualified 07/10/1995		ate of Last R /01/1996	eport
2. Principal P	lace of Business	2a, Ma	iling Address					4. FEI Number			oplied For
21			26					65-0594978		No	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State			City & State					6. Election Campaign Financing		\$5.00	
			Zip Country					Trust Fund Contribution	<u> </u>	Added	
24	25	29	'	30	Juliuy		-	 This corporation has liability for Florida Statutes 	r intangibli Yes		. 199.032,
24	g. Name and Address of Curre		d Agent	130	Т.			10. Name and Address of New F			
RE\	(NOLDS, BEVERLY B				81	Name					
7200 W CAMINO REAL					82	Street A	Addres	s (P.O. Box Number is Not Accept	able)		
SUI				·····	·····						
BO	CA RATON FL 33433				83						
					84	City			FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.056	02 and 607.1	508. Florida Statu	tes, the	above	-named	corpora	ation submits this statement for the			s registered
I office or r	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida S	Such change was	authoriz	ed by	the corp	oration	's board of directors. I hereby acc	apt the ap	pointment as	registered
SIGNATURE	an terminal that, and decopy the cong	parions or, oc	0107 007.0000, 1	ionda On	aioios	•					
SIGNATURE	Signature, typod or printed name of registered ag			TE. Register	red Age	nt signature	required t	when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTO		13		· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OFF	ICERS AN	· · · · · · · · · · · · · · · · · · ·	
THE	D/VP Gideon, David H		DELETE	1	TITLE	İ				Change	■ Addition
NAME STREET ADDRESS	7200 W CAMINO REAL, SUIT	E 215		1	NAME	ADDOEGO					
CITY-ST-ZIP	BOCA RATON FL 33433	L 213		1		ADDRESS					
TITLE	D/P		DELETE	_	CITY S	1-211			************	Change	Addition
NAME	REYNOLDS, BEVERLY S		_		NAME	1					
STREET ADDRESS	7200 W CAMINO REAL, SUIT	E 215		23	STREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433				2 4 CITY-ST-ZIP						
THLE	DST		DELETE	3.1	TITLE					Change	Addition
NAME	BESSE, SUZANNE M			3.2	NAME						
STREET ADDRESS	7200 W CAMINO REAL, SUIT	E 215		33	STREET	ADDRESS					
CITY-ST-7IP	BOCA RATON FL 33433		DELETE		CITY+S	T- ZIP				100	4 4495
THILE			☐ DETEIE		TITLE	ĺ			•	Change	Addition
NAME STREET ADDRESS					NAME	ADDRESS					
CITY-ST-ZIP					CITY - S'						
TITLE			DELETE		TITLE	- 21				Change	Addition
NAME			- ; ·		NAME	1					
STREET ADDRESS						ADDRESS					
CITY-SI-ZIP					CITY-S	1					j
TITLE			DELETE		TITLE					Change	Addition
NAME				6.2	NAME						j
STREET ADDRESS			•	6.3	STREET	ADDRESS					

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR DIRECTOR.