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Apr 28 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 # P96000016566 (7)

1. Corporation Name

DEL-CARIBE ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 600363
NORTH MIAMI BEACH FL 33160

Mailing Address

P.O. BOX 600363
NORTH MIAMI BEACH FL 33160-0363



2. Principal Place of Business

21 1850 NE 167 St.
Suite, Apt. #, etc.
22 #4

City & State
23 N. Miami Bch

Zip Country
24 FL 33162 25 Dade

2a. Mailing Address

26 1850 NE 167 St. #4
Suite, Apt. #, etc.
27 N. Miami Bch

City & State
28 FL

Zip Country
29 33162 30

3. Date Incorporated or Qualified
02/20/1996

3a. Date of Last Report
N/A

4. FEI Number

65-0650707

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

THOMPSON, DELROY
1870 NE 167 STREET #1
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name Delroy Thompson
82 Street Address (P.O. Box Number is Not Acceptable)
1850 NE 167 St. #4
83 N. Miami Bch.
84 City

FL 85 Zip Code
33162

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 *D Thompson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President
NAME Delroy Thompson
STREET ADDRESS 1850 NE 167 St. #4
CITY-ST-ZIP N. Miami Bch, FL 33162

TITLE Vice-President
NAME Chedy Munroe
STREET ADDRESS 15240 NE 14th Ave
CITY-ST-ZIP N.M.B., FL 33162

TITLE Treasurer/Secretary
NAME Jaqueline Munroe
STREET ADDRESS 8821 Sharanan Drive
CITY-ST-ZIP Miramar, FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 if changed, or on an attachment with an address.

SIGNATURE

D Thompson Delroy Thompson 4/16/97 (205) 620-0048

CR2E034 (9/96)