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PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

SIGNATURE:

14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or fruster empowered.

Block 12 or Block 13 if changed, or on an att

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017369 (5)

CARIBBEAN HOTEL SERVICES, INC.

Principal Place of Business Mailing Address \$130 NO. FEDERAL HIGHWAY STE 3 5130 NO. FEDERAL HIGHWAY STE 3 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1996 2. Principal Place of Business 2a. Mading Address Applied For 4, FEI Number APPLIED FOR Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GRABOWKSI, DAVID L 5130 NO. FEDERAL HIGHWAY STE 3 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33308 83 84 Zip Code 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, type-Lor prodect came of region not agent and thour applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSD Addition DELETE Change TITLE 1.1 TITLE GRABOWSKI, DAVID L NAME 1.2 NAME **5130 NO. FEDERAL HIGHWAY STE 3** 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE CHRISTENSEN, SCOTT NAME 2.2 NAME 5130 NO. FEDERAL HIGHWAY STE 3 2.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TIFLE Change ☐ Addition TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME

6.3 STREET ADDRESS

of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information corrate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in