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 May 05, 1999 8:00 am Secretary of State

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CARIBBEAN HOTEL SERVICES, INC.

Principal Place	of Business	Mailing Address				}	1 18311831 718 19118 21111 98111 23111 83111 83111 11311 1	1488 MIS	41112 1411 1401	
	RAL HIGHWAY STE 3 DALE FL 33308	5130 NO. FEDERAL HIGHWA FORT LAUDERDALE FL 3330	NO NO. FEDERAL HIGHWAY STE 3 RT LAUDERDALE FL 33308							
		* * *					DO NOT WRITE IN THIS SPA	CE		
						3.	, Date Incorporated or Qualifed		j	
						<u>L</u>	02/23/1996			
2. Principal Pi	lace of Business	2a. Mailing Address				4.	. FEI Number		plied For	
1		26				↓_	65-0754476	نستطيسك	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	. Certifcate of Status Desired	8.75 A	Additional equired	
City & Stat		City & State				6.	Election Campaign Financing	\$5.00	May Be	
3		28	28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip				В.	This corporation owes the current year Intangi	ble		
4	25	29	30				Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New Registered Age	nt		
				81	Name				}	
Grabowksi, david L 5130 no. Federal Highway STE 3				82	Street Address (P.O. Box Number is Not Acceptable)					
				[0,,000,7,150,70	- C (.			}	
FOR	T LAUDERDALE FL 33308			83						
				84	Cib			5 Zip (
				04	City		FL¦°	2 Zip (Joue	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the a	DOVE	-named corpo	ratio	on submits this statement for the purpose of char	nging its	registered	
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was aut	lhorized da Stat	l by	the corporation	i's b	oard of directors. I hereby accept the appointme	nt as re	gistered	
	m tarriniar with, and accept the obligation	3/13 OI, Dection doi:0000, Fidir	aa Olai	J. (O.)	•				ļ	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered	Agen	t signature required	when	reinstating) DATE		}	
12.	OFFICERS AND	DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	RS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE					Change	Addition	
AME	GRABOWSKI, DAVID L		1.2 N	1.2 NAME						
TREET ADDRESS	l and the management through the same to			REET ADDRESS				\		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	1.4 CI		TY-S1	-ZIP					
TITLE	VSTD	☐ DELETE	2.1 TITLE					Change	☐ Addition	
NAME	CHRISTENSEN, SCOTT	NSEN, SCOTT 22		ME					}	
STREET ADDRESS			STREET ADDRESS					ļ		
CITY-ST-ZIP	FORT I ALICEPPALE EL COCCO		CITY-ST-ZIP							
TITLE		☐ DELETE	3,1 TI				<u> </u>	Change	Addition	
					1				,	

6.4 CITY-ST-ZIP CITY-\$T-ZIP 14. I hereby certify that the information supplied with this fifth 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 eport is true and securate 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 reserver 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 of an annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an annual report as required by Chapter 607.

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE 5.2 NAME 5.3 SYREET ADORESS

61 JULE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS 3.4. CITY- ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

MAME STREET ADDRESS

ITLE

MAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

Change

Change

Change

Addition

Addition

Addition

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