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 13, 1999 8:00 am Secretary of State

05-13-1999 90048 037 ***150.00

DOCH	MENT	#	P96000036733
	1711-111	77	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TRANSCARIBBEAN TRANSPORT CO.LTD

Principal Place of Business	M	ailing Address							
16229 NW 20 ST		16229 NW	20 S	Т					
PEMBROKE PINES	-FL.33028	PEMBROKE			FL.33028	DO NOT WRI	TE IN THIS	SDACE	
						Do NOT WRI Date Incorporated or Qualifed			
						,			
2. Principal Place of Business	22	Mailing Address				May/96 4. FEI Number		-	Applied For
2. Principal Place of Business 2a. Mailing Address 25						!1		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				65-0677562		\$8.7	75 Additional
22	27					5. Certifcate of Status Desired			e Required
City & State		City & State				6. Election Campaign Financing		\$5.	00 May Be
23	28	•				Trust Fund Contribution			led to Fees
Zip Cou		Zip	Cou	untry		8. This corporation owes the curr	ent year inta	ngible	
			30	, i		Personal Property Tax.	•	Yes	□No
	dress of Current Regis	tered Agent				10. Name and Address of New R	Registered A	gent	
				81	Name				
JEAN A.ROUZIER	•			82	Street Andres	ss (P.O. Box Number is Not Accepta	ıble)		
16229 NW 20 ST					Oli doli rilogi di	o v. o. box ramos is restricted.			
PEMBROKE PINES, F	L. 33028			83					
				84	City			85	Zip Code
				67	City		FL	03	zip Code
	Sections 607.0502 and 6	07.1508. Florida Stat	IIIAS IDA A	IDOVA.		ation submits this statement for the	purpose or o	nangini	g its registered
11. Pursuant to the provisions of S office or registered agent, or be	oth, in the State of Florio	ia. Such change was	authorized	d by th	he corporation	's board of directors. I hereby accep	t the appoint	ment a	s registered
office or registered agent, or bo agent. I am familiar with, and a	oth, in the State of Florio	ia. Such change was	authorized	d by th	he corporation	's board of directors. I hereby accep	t the appoint	ment a	s registered
office or registered agent, or bo agent, I am familiar with, and a SIGNATURE	oth, in the State of Florio	da. Such change was , Section 607.0505, F	authorized Iorida Stati	d by th utes.	he corporation	's board of directors. I hereby accep	t the appoint	ment a	s registered
office or registered agent, or bo agent, I am familiar with, and a SIGNATURE	oth, in the State of Floric accept the obligations of,	da. Such change was , Section 607.0505, F if applicable (NO	authorized Iorida Stati	d by th utes.	he corporation	's board of directors. I hereby accep	DATE	DIRE	CTORS IN 12
office or registered agent, or be agent, I am familiar with, and a SIGNATURE Signature, typed or printed in	oth, in the State of Floric accept the obligations of, ame of registered agent and title	da. Such change was , Section 607.0505, F	authorized Iorida Stati TE: Registered	d by th utes.	he corporation	is board of directors. I hereby acception	DATE	ment a	CTORS IN 12
office or registered agent, or be agent. I am familiar with, and a SIGNATURE Signature, typed or printed in 12. TITLE P/S/D	oth, in the State of Floric accept the obligations of, ame of registered agent and title OFFICERS AND DIRE	da. Such change was , Section 607.0505, F if applicable (NO	authorized lorida Stati TE: Registered	d by thutes. Agent i	he corporation	is board of directors. I hereby acception	DATE	DIRE	CTORS IN 12
office or registered agent, or be agent. I am familiar with, and a SIGNATURE SIGNATURE Signature, typed or printed in 12. TITLE P/S/D NAME JEAN A.RO	oth, in the State of Floric accept the obligations of operations operations of operations ope	da. Such change was , Section 607.0505, F if applicable (NO	authorized lorida Statu TE: Registered 13.	d by thutes. Agent i	he corporation	is board of directors. I hereby acception	DATE	DIRE	CTORS IN 12
office or registered agent, or be agent. I am familiar with, and a SIGNATURE SIGNATURE Signature, typed or printed in 12. ITILE P/S/D NAME JEAN A.BO	oth, in the State of Floric accept the obligations of, ame of registered agent and title OFFICERS AND DIRE UZIER 20 ST	da. Such change was, Section 607.0505, F	authorized lorida Stati TE: Registered 13. 1.1 TI 12 N/ 1.3 ST	d by thutes. Agent i	he corporation	is board of directors. I hereby acception	DATE	DIRE	CTORS IN 12
office or registered agent, or be agent. I am familiar with, and a SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE STREET ADDRESS 16229 NW	oth, in the State of Floric accept the obligations of, ame of registered agent and title OFFICERS AND DIRE UZIER 20 ST	da. Such change was, Section 607.0505, F	authorized lorida Stati TE: Registered 13. 1.1 TI 12 N/ 1.3 ST	I Agent I TLE AME TREET A	he corporation	is board of directors. I hereby acception	DATE	DIRE	CTORS IN 12
office or registered agent, or be agent. I am familiar with, and a SIGNATURE SIGNATURE Signature, typed or printed in 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP PMBROKE	oth, in the State of Floric accept the obligations of, ame of registered agent and title OFFICERS AND DIRE UZIER 20 ST PINES FL	da. Such change was, Section 607.0505, F	authorized lorida Stati TE: Registered 13. 1.1 TI 12 N/ 1.3 S1 1.4 CI	TLE AME TREET A TLE TREET A	he corporation	is board of directors. I hereby acception	DATE	DIRE	CTORS IN 12
office or registered agent, or be agent. I am familiar with, and a SIGNATURE VP/D	oth, in the State of Floric accept the obligations of, ame of registered agent and title OFFICERS AND DIRE UZIER 20 ST PINES FL.	da. Such change was, Section 607.0505, F	authorized lorida Stati TE: Registered 13. 1.1 TT 12 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/	I Agent in TLE AME ITY-ST- TLE AME	he corporation	is board of directors. I hereby acception	DATE	DIRE	CTORS IN 12
office or registered agent, or be agent. I am familiar with, and a SIGNATURE SIGNATURE Signature, typed or printed in 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VP/D NAME SOPHIA ROUZ	oth, in the State of Floric accept the obligations of, ame of registered agent and title OFFICERS AND DIRE UZIER 20 ST PINES FL. ZIER	Ja. Such change was, Section 607.0505, F if applicable. (NO: CTORS DELETE 33028 DELETE	authorized lorida Stati TE: Registered 13. 1.1 TT 12 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C	I Agent in TLE AME ITY-ST- TLE AME	ADDRESS	is board of directors. I hereby acception	DATE	DIREI Chai	CTORS IN 12 nge Addition
office or registered agent, or be agent. I am familiar with, and a SIGNATURE SIGNATURE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 16229 NW STREET ADDRESS STRE	oth, in the State of Floric accept the obligations of, ame of registered agent and title OFFICERS AND DIRE UZIER 20 ST PINES FL. ZIER	da. Such change was, Section 607.0505, F if applicable. (NO: CTORS DELETE 33028 DELETE	authorized lorida Stati TE: Registered 13. 1.1 TT 12 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C	TLE AME ITLE AME ITLE AME ITLE AME ITLE AME ITREET A	ADDRESS	is board of directors. I hereby acception	DATE	DIRE	CTORS IN 12 nge Addition
office or registered agent, or be agent. I am familiar with, and a SIGNATURE SIGNATURE Signature, typed or printed in 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE VP/D SOPHIA ROUZ STREET ADDRESS CITY-ST-ZIP PEMBROKE PI	oth, in the State of Floric accept the obligations of, ame of registered agent and title OFFICERS AND DIRE UZIER 20 ST PINES FL. ZIER 3 ST INES, FL. 330	Ja. Such change was, Section 607.0505, F if applicable. (NO: CTORS DELETE 33028 DELETE	authorized lorida Stati TE: Registered 13. 1.1 TT 12 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C	Agent in TLE AME TREET A TTLE AME TREET A TTLE AME TREET A TTLE TREET A	ADDRESS	is board of directors. I hereby acception	DATE	DIREI Chai	CTORS IN 12 nge Addition
office or registered agent, or by agent. I am familiar with, and a SIGNATURE SIGNATURE Signature, typed or printed in 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE VP/D SOPHIA ROUZ STREET ADDRESS CITY-ST-ZIP PEMBROKE TITLE VP/D SOPHIA ROUZ TITLE T/D TITLE T/D	oth, in the State of Floric accept the obligations of, are of registered agent and title OFFICERS AND DIRE UZIER 20 ST PINES FL. ZIER 3 ST INES, FL. 330	Ja. Such change was, Section 607.0505, F if applicable. (NO: CTORS DELETE 33028 DELETE	authorized lorida Stati TE: Registered 13. 1.1 TT 12 NV 1.3 S1 1.4 CI 2.1 TT 2.2 NV 2.3 S1 2.4 C 3.1 TF 3.2 NV 1.3 SN 1.4 CI 3.2 NV 1.4 CI 3.2	TLE AME TREET A TTLE AME TREET A TTLE AME TREET A TTLE AME TREET A TTLE AME	ADDRESS	is board of directors. I hereby acception	DATE	DIREI Chai	CTORS IN 12 nge Addition
office or registered agent, or be agent. I am familiar with, and a signature. Nyped or printed in 12. TITLE P/S/D NAME JEAN A.RO STREET ADDRESS CITY-ST-ZIP PEMBROKE VP/D NAME SOPHIA ROUZ STREET ADDRESS CITY-ST-ZIP PEMBROKE PI TITLE T/D	oth, in the State of Floric accept the obligations of, are of registered agent and title OFFICERS AND DIRE UZIER 20 ST PINES FL. ZIER 3 ST INES, FL. 330	Ja. Such change was, Section 607.0505, F If applicable. (NO CTORS DELETE 33028 DELETE	authorized lorida Stati TE: Registered 13. 1.1 TT 12 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TF 3.2 NV 3.3 ST 3.3 ST 3.4 ST 3.5 NV 3.3 ST 3.3 ST 3.4 ST 3.5 NV 3.3 ST 3.5 NV 3.5 NV 3.3 ST 3.5 NV 3	TLE AME TREET A TTLE AME TREET A TTLE AME TREET A TTLE AME TREET A TTLE AME	ADORESS ADORESS ADORESS	is board of directors. I hereby acception	DATE	D DIRE	CTORS IN 12 nge Addition nge Addition
office or registered agent, or be agent. I am familiar with, and a signature. Nyped or printed in 12. TITLE P/S/D NAME JEAN A.RO STREET ADDRESS CITY-ST-ZIP PEMBROKE VP/D NAME SOPHIA ROUZ STREET ADDRESS CITY-ST-ZIP PEMBROKE PI TITLE T/D	oth, in the State of Floric accept the obligations of, are of registered agent and title OFFICERS AND DIRE UZIER 20 ST PINES FL. ZIER 3 ST [NES, FL. 330] ZIER 3 ST	Ja. Such change was, Section 607.0505, F	authorized lorida Stati TE: Registered 13. 1.1 TT 12 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TF 3.2 NV 3.3 ST 3.3 ST 3.4 ST 3.5 NV 3.3 ST 3.3 ST 3.4 ST 3.5 NV 3.3 ST 3.5 NV 3.5 NV 3.3 ST 3.5 NV 3	I Agent I ITLE AME IREET A AME IREET A AME IREET A ITLE AME IREET A ITLE AME IREET A ITLE IREET A ITLE IREET A ITLE ITL	ADORESS ADORESS ADORESS	is board of directors. I hereby acception	DATE	DIREI Chai	CTORS IN 12 nge Addition nge Addition
office or registered agent, or be agent. I am familiar with, and a signature. Hyped or printed in 12. TITLE P/S/D NAME JEAN A.RO 16229 NW PEMBROKE VP/D NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PI TITLE VP/D STREET ADDRESS CITY-ST-ZIP PEMBROKE PI TITLE T/D NAME MAGALY ROUZ STREET ADDRESS 16229 NW 20 CITY-ST-ZIP PEMBROKE PI STREET ADDRESS 16229 NW 20 CITY-ST-ZIP PEMBROKE PI	oth, in the State of Floric accept the obligations of, are of registered agent and title OFFICERS AND DIRE UZIER 20 ST PINES FL. ZIER 3 ST [NES, FL. 330] ZIER 3 ST	Ja. Such change was, Section 607.0505, F If applicable. (NO CTORS DELETE 33028 DELETE	authorized lorida Stati TE: Registered 13. 1.1 IT 12 NV 1.3 ST 1.4 CI 2.1 IT 22 NV 2.3 ST 2.4 C 3.1 IT 32 NV 3.3 ST 3.4 C 3.4 C	I Agent I TLE TILE TILE TILE TILE TILE TILE TILE	ADORESS ADORESS ADORESS	is board of directors. I hereby acception	DATE	D DIRE	CTORS IN 12 nge Addition nge Addition
office or registered agent, or be agent. I am familiar with, and a SIGNATURE SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME MAGALY ROUZ STREET ADDRESS CITY-ST-ZIP TITLE NAME MAGALY ROUZ STREET ADDRESS CITY-ST-ZIP TITLE PEMBROKE PI TITLE T/D TITLE MAGALY ROUZ TITLE PEMBROKE PI TITLE	oth, in the State of Floric accept the obligations of, are of registered agent and title OFFICERS AND DIRE UZIER 20 ST PINES FL. ZIER 3 ST [NES, FL. 330] ZIER 3 ST	Ja. Such change was, Section 607.0505, F If applicable. (NO CTORS DELETE 33028 DELETE	authorized lorida Stati TE: Registered 13. 1.1 TT 12 N/ 1.3 ST 1.4 CT 17 T 22 N/ 2.3 ST 2.4 CT 3.1 TT 3.2 N/ 3.3 ST 3.4 CT 4.1 TT 4.2 N/ 4.2 N	I Agent I TILE AAME IREET A TILE	ADORESS ADORESS ADORESS	is board of directors. I hereby acception	DATE	D DIRE	CTORS IN 12 nge Addition nge Addition
office or registered agent, or be agent. I am familiar with, and a SIGNATURE P/S/D JEAN A.RO 16229 NW PEMBROKE VP/D SOPHIA ROUZ STREET ADDRESS CITY-ST-ZIP TITLE NAME MAGALY ROUZ STREET ADDRESS CITY-ST-ZIP TITLE NAME MAGALY ROUZ STREET ADDRESS CITY-ST-ZIP PEMBROKE PI TITLE NAME NAME PEMBROKE PI	oth, in the State of Floric accept the obligations of, are of registered agent and title OFFICERS AND DIRE UZIER 20 ST PINES FL. ZIER 3 ST [NES, FL. 330] ZIER 3 ST	Ja. Such change was, Section 607.0505, F If applicable. (NO CTORS DELETE 33028 DELETE	authorized lorida Stati TE: Registered 13. 1.1 TT 12 NV 1.3 ST 1.4 CC 2.1 TT 22 NV 2.3 ST 2.4 CC 4.1 TT 4.2 NV 4.3 ST 4.4 CC 4.1 TT 4.2 NV 4.3 ST 4.4 ST 4.5 TT 4.5 NV 4.3 ST 4.5 NV 4.5 NV 4.3 ST 4.5 NV 4.5 NV 4.3 ST 4.5 NV 4.5	I Agent I TILE AAME IREET A TILE	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	is board of directors. I hereby acception	DATE	D DIRE	CTORS IN 12 nge Addition nge Addition
office or registered agent, or be agent. I am familiar with, and a SIGNATURE SIGNATURE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME MAGALY STREET ADDRESS CITY-ST-ZIP PEMBROKE T/D MAGALY STREET ADDRESS CITY-ST-ZIP PEMBROKE PEMBROKE PEMBROKE PEMBROKE PEMBROKE PEMBROKE PEMBROKE PEMBROKE PEMBROKE STREET ADDRESS CITY-ST-ZIP PEMBROKE PEMBROKE PEMBROKE STREET ADDRESS STREET ADDRESS STREET ADDRESS	oth, in the State of Floric accept the obligations of, are of registered agent and title OFFICERS AND DIRE UZIER 20 ST PINES FL. ZIER 3 ST [NES, FL. 330] ZIER 3 ST	Ja. Such change was, Section 607.0505, F If applicable. (NO CTORS DELETE 33028 DELETE	authorized lorida Stati TE: Registered 13. 1.1 TT 12 NV 1.3 ST 1.4 CC 2.1 TT 22 NV 2.3 ST 2.4 CC 4.1 TT 4.2 NV 4.3 ST 4.4 CC 4.1 TT 4.2 NV 4.3 ST 4.4 ST 4.5 TT 4.5 NV 4.3 ST 4.5 NV 4.5 NV 4.3 ST 4.5 NV 4.5 NV 4.3 ST 4.5 NV 4.5	TILE AME TREET A AME TREET A AME TREET A TITY-ST- TLE AME TREET A TLE AME TREET A TLE AME TREET A TLE TLE TLE TLE TLE TLE TLE TL	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	is board of directors. I hereby acception	DATE	D DIRE	CTORS IN 12 nge Addition nge Addition
office or registered agent, or be agent. I am familiar with, and a SIGNATURE SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME MAGALY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	oth, in the State of Floric accept the obligations of, are of registered agent and title OFFICERS AND DIRE UZIER 20 ST PINES FL. ZIER 3 ST [NES, FL. 330] ZIER 3 ST	Ja. Such change was, Section 607.0505, Fif applicable. (NG CTORS DELETE 33028 DELETE	authorized lorida Stati TE: Registered 13. 1.1 IT 12 NV 1.3 ST 1.4 CT 17 2.2 NV 2.3 ST 2.4 CC 4.1 TT 4.2 NV 4.3 ST 4.4 CT 4.2 NV 4.3 ST 4.4 CT	TILE AME TREET A ME TREET A MITY-ST- TLE AME TREET A TLE AME TREET A TLE TLE TLE TLE TLE TLE TLE TL	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	is board of directors. I hereby acception	DATE	D DIRE	CTORS IN 12 nge Addition nge Addition
office or registered agent, or by agent. I am familiar with, and a SIGNATURE SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE TADDRESS CITY-ST-ZIP TITLE THE TADDRESS CITY-ST-ZIP TITLE TITLE THE TADDRESS CITY-ST-ZIP TITLE	oth, in the State of Floric accept the obligations of, are of registered agent and title OFFICERS AND DIRE UZIER 20 ST PINES FL. ZIER 3 ST [NES, FL. 330] ZIER 3 ST	Ja. Such change was, Section 607.0505, Fif applicable. (NG CTORS DELETE 33028 DELETE	authorized lorida Stati TE: Registered 13. 1.1 IT 12 N/ 1.3 ST 1.4 CT 17 2.2 N/ 2.3 ST 2.4 C 3.1 IT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N/ 4.3 ST 4.4 CT 5.1 IT 5.2 N/	TILE AME TITLE AME TITLE TITLE AME TITLE TITLE AME TITLE TITL	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	is board of directors. I hereby acception	DATE	D DIRE	CTORS IN 12 nge Addition nge Addition

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 dry an attachment with an address, with all other like empowered. Block 12 or Block 13 if changed, or n attachment with

6.1 TITLE

8.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-30-99

Date

(954)270-9391

Change

Daylime Phone #

Addition