


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

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90029 039 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000052960			
1. Corporation Name CARIBBEAN VILLAGE SHOPS, INC.			
Principal Place of Business 81905 OVERSEAS HIGHWAY ISLAMORADA FL 33036		Mailing Address 86729 OLD HWY ISLAMORADA FL 33036 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAAS, JOHN P 44 N.E. 16TH STREET HOMESTEAD FL 33030		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D VELLANTI, THOMAS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17750 SW 248 ST	1.2 NAME	
STREET ADDRESS	HOMESTEAD FL 33031	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BERRY, DENNIS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	86729 OLD HIGHWAY	2.2 NAME	
STREET ADDRESS	ISLAMARADA FL 33060	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BERRY, MARIA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	86729 OLD HIGHWAY	3.2 NAME	
STREET ADDRESS	ISLAMARADA FL 33060	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D VELLANTI, VELIA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17750 SW 248TH ST	4.2 NAME	
STREET ADDRESS	HOMESTEAD FL 33031	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)