

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

FILED

May 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000058040 (2)

1. Corporation Name  
**AMERI-CARIB EMPLOYMENT AGENCY, INC.**

Principal Place of Business <b>4699 NORTH STATE ROAD SEVEN, STE. A-1 TAMARAC FL 33319</b>	Mailing Address <b>4699 NORTH STATE ROAD SEVEN, STE. A-1 TAMARAC FL 33319-5670</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/10/1996</b>		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0700402</b>		Applied For	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MCGREGOR, ADLYN N</b> <b>4699 NORTH STATE ROAD SEVEN, STE. A-1</b> <b>TAMARAC FL 33319</b>				81 Name <b>MICHAEL A. ATTENSON</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>4699 N. ST Rd # 7, A-1</b>			
				83			
				84 City <b>TAMARAC</b> FL <b>33319</b>			

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 *Michael A. Attenson* DATE **4-25-97**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<b>NINSONE MORRIS, J-2</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGREGOR, ADLYN N</b>		1.2 NAME	<b>4699 N. ST Rd # 7 (President)</b>	
STREET ADDRESS	<b>4699 NORTH STATE ROAD SEVEN, STE. A-1</b>		1.3 STREET ADDRESS	<b>TAMARAC, FL 33319</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>		1.4 CITY-ST-ZIP	<b>TAMARAC, FL 33319</b>	
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<b>CYNTHIA BARKLEY, J-2</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGREGOR, MILTON</b>		2.2 NAME	<b>4699 N. ST Rd # 7 VICE PRESIDENT</b>	
STREET ADDRESS	<b>4699 NORTH STATE ROAD SEVEN, STE. A-1</b>		2.3 STREET ADDRESS	<b>TAMARAC, FL 33319</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>		2.4 CITY-ST-ZIP	<b>TAMARAC, FL 33319</b>	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<b>MICHAEL A. ATTENSON</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME	<b>4699 N. ST Rd. # 7, FL SEC/TREAS.</b>	
STREET ADDRESS			3.3 STREET ADDRESS	<b>TAMARAC, FL 33319</b>	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	<b>TAMARAC, FL 33319</b>	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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		
TITLE		<input type="checkbox"/> DELETE	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 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: *Ninsona Morris* DATE **4/25/97** DAYTIME PHONE **954 485-9504**

CR2E034 (9/96)