FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # **P96000066198 (8)**

1. Corporation Name
CARRIBEAN CAY DISTRIBUTORS, INC.

Principal Place of Business
1110 TRUMAN AVENUE
KEY WEST FL 33040

Mailing Address
1110 TRUMAN AVENUE
KEY WEST FL 33040-3352

3. Date Incorporated or Qualified: 08/08/1996
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: ☑ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
SMITH, GORDON
1110 TRUMAN AVENUE
KEY WEST FL 33040

10. Name and Address of New Registered Agent
81 Name: PAULETTE K. SMITH
82 Street Address (P.O. Box Number is Not Acceptable): 1110 TRUMAN AVENUE
83: KEY WEST FL
84 City: FL 85 Zip Code: 33040

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: Paulette K. Smith — 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	SMITH, GORDON	1.2 NAME	SMITH, GORDON
STREET ADDRESS	1110 TRUMAN AVENUE	1.3 STREET ADDRESS	1110 TRUMAN AVE
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	KEY WEST, FL, 33040
			VPRESIDENT DIRECTOR
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☑ Addition
NAME		2.2 NAME	PRESIDENT, DIRECTOR PAULETTE K. SMITH
STREET ADDRESS		2.3 STREET ADDRESS	1110 TRUMAN AVE.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	KEY WEST, FL. 33040
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☑ Addition
NAME		3.2 NAME	TREASURER BASOM L. GROOMS IV
STREET ADDRESS		3.3 STREET ADDRESS	2 THOMPSON LANE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	KEY WEST, FL. 33040
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☑ Addition
NAME		4.2 NAME	SECRETARY JUSTIN G. GROOMS
STREET ADDRESS		4.3 STREET ADDRESS	1405 VERNON AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	4/5/16/97
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	200002195002
STREET ADDRESS		6.3 STREET ADDRESS	-05/29/97--01078--033
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

CR2E034 (9/96)

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: Paulette K. Smith — 4/28/97 — 305-294-2421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #