

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

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P96000073698</b>			
1. Corporation Name <b>CARIBE TRAVEL SERVICES</b>			
2. Principal Place of Business <b>2555 N. DIXIE HWY LAKE WORTH FL. 33460</b>		2a. Mailing Address <b>2555 N. DIXIE HWY LAKE WORTH FL. 33460</b>	
21. State	22. City & State	23. Zip	24. Country
<b>FL</b>	<b>FL</b>	<b>33460</b>	<b>USA</b>
3. Date Incorporated or Qualified			
3a. Date of Last Report <b>N/A</b>			
4. FEI Number <b>050693921</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>SILIS SENCION 2555 N. DIXIE HWY LAKE WORTH FL. 33460</b>			
10. Name and Address of New Registered Agent <b>N/A</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: <b>S. Sencion</b> DATE: <b>4-23-97</b>			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> DELETE			
1.2 NAME <b>SILIS SENCION</b>			
1.3 STREET ADDRESS <b>2555 N. DIXIE HWY</b>			
1.4 CITY-ST-ZIP <b>LAKE WORTH FL. 33460</b>			
2.1 TITLE <input type="checkbox"/> DELETE			
2.2 NAME <b>MOISES HERNANDEZ</b>			
2.3 STREET ADDRESS <b>525 EL PRADO</b>			
2.4 CITY-ST-ZIP <b>W.P.B. FL. 33405</b>			
3.1 TITLE <input type="checkbox"/> DELETE			
3.2 NAME <b>DIOGENES ARIAS</b>			
3.3 STREET ADDRESS <b>525 EL PRADO</b>			
3.4 CITY-ST-ZIP <b>W.P.B. FL. 33405</b>			
4.1 TITLE <input type="checkbox"/> DELETE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE			
6.2 NAME			
6.3 STREET ADDRESS			
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 officer 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: <b>S. Sencion</b> DATE: <b>4-23-97</b>			

CR2E034 (9/96)