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May 05 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 # P96000074489 (1)

1. Corporation Name
CARIBBEAN MARKET SERVICES, INC.



Principal Place of Business: **SUITE 104, 4988 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351**
 Mailing Address: **SUITE 104, 4988 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351-5748**

3. Date Incorporated or Qualified: **09/09/1996**
 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	65-0697790	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	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		10. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11. TITLE	P/D
NAME	JUNGENSEN, STEPHEN D	12. NAME	Hall, Nicholas G
STREET ADDRESS	SUITE 104, 4988 NORTH UNIVERSITY DRIVE	13. STREET ADDRESS	Suite 104, 4988 North University Drive
CITY-ST-ZIP	LAUDERHILL FL 33351	14. CITY-ST-ZIP	Lauderhill, FL 33351
TITLE		2.1. TITLE	V/D
NAME		2.2. NAME	Hammer, Mary R
STREET ADDRESS		2.3. STREET ADDRESS	Suite 104, 4988 North University Drive
CITY-ST-ZIP		2.4. CITY-ST-ZIP	Lauderhill, FL 33351
TITLE		3.1. TITLE	V/D
NAME		3.2. NAME	Jungersen, Stephen D
STREET ADDRESS		3.3. STREET ADDRESS	Suite 104, 4988 North University Drive
CITY-ST-ZIP		3.4. CITY-ST-ZIP	Lauderhill, FL 33351
TITLE		4.1. TITLE	T/D
NAME		4.2. NAME	Jungersen, Linda
STREET ADDRESS		4.3. STREET ADDRESS	Suite 104, 4988 North University Drive
CITY-ST-ZIP		4.4. CITY-ST-ZIP	Lauderhill, FL 33351
TITLE		5.1. TITLE	
NAME		5.2. NAME	
STREET ADDRESS		5.3. STREET ADDRESS	
CITY-ST-ZIP		5.4. CITY-ST-ZIP	
TITLE		6.1. TITLE	
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: *NICHOLAS G HALL* 4/25/97 954 572 8526

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