

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000074489 (1)
 1. Corporation Name
CARIBBEAN MARKET SERVICES, INC.



Principal Place of Business SUITE 194, 4988 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351	Mailing Address SUITE 194, 4988 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3801 N UNIVERSITY DRIVE	2a. Mailing Address 26 3801 N UNIVERSITY DRIVE	3. Date Incorporated or Qualified 09/09/1996
22 Suite, Apt. #, etc. 316	27 Suite, Apt. #, etc. 316	4. FEI Number 65-0697790
23 City & State SUNRISE FL	28 City & State SUNRISE FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33351	25 Country USA	29 Zip 33351
30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
**81 Name
 LAW OFFICES OF ROSEANNE N. LYNCH
 82 Street Address (P.O. Box Number is Not Acceptable)
 2 S. UNIVERSITY DRIVE
 83 SUITE 200
 84 City
 PLANTATION FL 85 Zip Code
 33324**

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	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, NICHOLAS G	1.2 NAME	
STREET ADDRESS	4988 N UNIVERSITY DR, #194	1.3 STREET ADDRESS	3801 UNIVERSITY DRIVE #316
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	SUNRISE FL 33351
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMER, MARY R	2.2 NAME	
STREET ADDRESS	4988 N UNIVERSITY DR, #194	2.3 STREET ADDRESS	3801 UNIVERSITY DRIVE #316
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	SUNRISE FL 33351
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNGENSEN, STEPHEN D	3.2 NAME	
STREET ADDRESS	4988 N UNIVERSITY DR, #194	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNERSEN, LINDA	4.2 NAME	
STREET ADDRESS	4988 N UNIVERSITY DR, #194	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP	
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	
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.

SIGNATURE _____

CR2E034 (10/97)