## **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

## DOCUMENT # P96000076885 (8)

USA CARIBBEAN CONNECTION, INC.

Principal Place of Business

Mailing Address

## **FILED** Jun 19 1997 8:00am Secretary of State



P.O. BOX 1722 MIAMI FL 3301		P.O. BOX 172214 MIAMI FL 33017-2214			
				3. Date incorporated or Qualified 09/16/1996	3a. Date of Last Report FIRST REPT.
2. Principal Place of Business 2a. Mailino Address			٠ ٠ ٠ ٠ ٠ ٠ ٠ ١	4. FEI Number	Applied For
21 2401	S.W. BIST AVE	26 ULSA CARIE	DEAN CON. IN	c 65-0695971	Not Applicable
Suite, Apt. #, etc. 22 BLOG A - BAY 21-22		Suite, Apt. #, etc.  27 P. D. BQX - City & State	5774	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	BROKE PARK FL	City & State  28 HOLLY WO  Zip		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 330		29 33085	Country 30 USA		Yes 🔲 No
<del> </del>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Reg	distered Agent
DEUSSEN, FIIZNOT 41					
1	8 JUPITER ST.		82 Street Addi	ress (P.O. Box Number is Not Acceptable	e)
*MIRAMAR FL 33023			83	·	
_			63	r .	
<b>4</b>		1	84 City	-	FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the potion's board of directors. I hereby accep	urpose of changing its registered
agent. I a	im familiar with, and accept the obligat	ons of Section 607,0505, Flo	rida Statutes.		t we appointment as registered
SIGNATURE	Votagley !	e/rum_	- 1-172ROS	1) GLISSER AM	UL 5, 1997
12.	Vignature, typoday printed name of registered agent OFFICERS AND		Registered Agent signature require 13.	red when reinstating) ADDITIONS/CHANGES TO OFFICE	
TITLE	DPST	DELETE	1.1 THILE	ADDITIONS/CHANGES TO CITIO	Change Addition
NAME	DELISSER, FITZROY W	_	1.2 NAME		
STREET ADDRESS	7828 JUNIPER ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33023		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADORESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			3 3 STHEET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 Title		Change Addition
NAME STREET ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME	20000221	
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	-06/20/970100	7022
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP	***173.75	t totale
TITLE		☐ DELETE	B.1 TITLE	#50m110140	Change Addition
NAME			6.2 NAME		~
STREET ADDRESS			6.3 STREET ADDRESS		1/1/1 [N](N
CITY-ST-ZIP	_		6.4 CHY-SI-ZIP	:	

14. Ido 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or Block 12 or Block 13 or on an attachment with an address

1/12/97

(305) 833- 3073