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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000100638 (1)**

1. Corporation Name
CARIBBEAN FOOD STORE, INC.

Principal Place of Business	Mailing Address
5192 GOLDEN GATE PARKWAY. #A NAPLES FL 34116	P.O. BOX 10523 NAPLES FL 34101-0523

3. Date Incorporated or Qualified: 12/12/1996
3a. Date of Last Report: 12-12-96

2. Principal Place of Business
21: 5192 GOLDEN Gate Pkwy
Suite, Apt. #, etc. 22: #A
City & State 23: NAPLES FL
Zip 24: 34116 Country 25: Collier

2a. Mailing Address
26: PO BOX 10523
Suite, Apt. #, etc. 27:
City & State 28: NAPLES FL
Zip 29: 34101 Country 30: Collier

4. FEI Number: [X] 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 [X] No

9. Name and Address of Current Registered Agent

SAINT PAUL, JOSEPH R
7975 46TH TERRACE S.W.
NAPLES FL 34116

10. Name and Address of New Registered Agent

81 Name: Joseph R SAINT PAUL
82 Street Address (P.O. Box Number is Not Acceptable): 1975 46th Terr SW #A
83
84 City: Naples FL 85 Zip Code: FL 34116

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[ ] DELETE	1.1 TITLE		[ ] Change [X] Addition
NAME	SAINT PAUL, JOSEPH R		1.2 NAME		
STREET ADDRESS	5192 GOLDEN GATE PARKWAY, #A		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34116		1.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	2.1 TITLE		[ ] Change [X] Addition
NAME	SAINT PAUL, BRENNELIES		2.2 NAME		
STREET ADDRESS	5192 GOLDEN GATE PARKWAY, #A		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34116		2.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED Joseph R. SAINT Paul 2-17-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000465
941 352-9198 5:45