

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0032748

**FILED**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**  
 09-08-1999 90004 042 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000021682**  
 Corporation Name  
**AMERICAN CARIBBEAN MANAGEMENT CORPORATION** ✓



Principal Place of Business: 100 OVERSEAS HIGHWAY, TAMORADA FL 33036  
 Mailing Address: 81900 OVERSEAS HIGHWAY, ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
100 OVERSEAS HIGHWAY TAMORADA FL 33036		81900 OVERSEAS HIGHWAY ISLAMORADA FL 33036		03/10/1997	
Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number	
		SUITE 1800		65-0754635	
City & State		27. City & State		5. Certificate of Status Desired	
MIAMI FL		MIAMI FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution	
33131		33131		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		29. Country		8. This corporation owes the current year Intangible Personal Property.	
25. FL		30. FL		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BARTHET, PATRICK C**  
 81900 OVERSEAS HIGHWAY  
 ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

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.

NATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	1.1 TITLE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	1.2 NAME	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	1.3 STREET ADDRESS	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	1.4 CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	2.1 TITLE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	2.2 NAME	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	2.3 STREET ADDRESS	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	2.4 CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	3.1 TITLE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	3.2 NAME	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	3.3 STREET ADDRESS	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	3.4 CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	4.1 TITLE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	4.2 NAME	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	4.3 STREET ADDRESS	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	4.4 CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	5.1 TITLE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	5.2 NAME	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	5.3 STREET ADDRESS	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	5.4 CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	6.1 TITLE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	6.2 NAME	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	6.3 STREET ADDRESS	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	6.4 CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION

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 stated 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patrick C. Barthet DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E034 (5/99)