

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

FILED

Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000071556 (9)

1. Corporation Name
CARIB PALACE, INC.

Principal Place of Business
18568 NW 19TH ST
PEMBROKE PINES FL 33029

Mailing Address
18568 NW 19TH ST
PEMBROKE PINES FL 33029



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3414 S. UNIVERSITY DR Suite, Apt. #, etc. 22 City & State 23 DAVIE, FL Zip 24 33328 Country 25 USA		2a. Mailing Address 26 3414 S. UNIVERSITY DR Suite, Apt. #, etc. 27 City & State 28 DAVIE, FL Zip 29 33328 Country 30 USA		3. Date Incorporated or Qualified 08/19/1997	
4. FEI Number 65-0777470		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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			

9. Name and Address of Current Registered Agent MOHAMMED, WENDELL 18568 NW 19TH ST PEMBROKE PINES FL 33029		10. Name and Address of New Registered Agent 81 Name ZALINA DYAL 82 Street Address (P.O. Box Number is Not Acceptable) 9240 OAK GROVE CIRCLE 83 84 City DAVIE FL 85 Zip Code 33328	
---	--	---	--

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 Zalina Dyal ZALINA DYAL - SECRETARY 3/6/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MOHAMMED, WENDELL 18568 NW 19TH ST PEMBROKE PINES FL 33029	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D MOHAMMED, DAWN 18568 NW 19TH ST PEMBROKE PINES FL 33029	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D DYAL, GOBIN 18568 NW 19TH ST PEMBROKE PINES FL 33029	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D DYAL, ZALINA 18568 NW 19TH ST PEMBROKE PINES FL 33029	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D NAIDU, SUBRAMANNY 18568 NW 19TH ST PEMBROKE PINES FL 33029	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: Zalina Dyal 3/6/98 (954) 382-5990

CR2E034 (10/97)