

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90237 026 ***150.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P97000074303

1. Corporation Name

**UNITED STATES CARIBBEAN & AFRICAN DEVELOPMENT, I
NC.**

Principal Place of Business
5715 N. UNIVERSITY DRIVE
TAMARAC FL 33321

Mailing Address
5715 N. UNIVERSITY DRIVE
TAMARAC FL 33321



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

65-0775438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 14700 South Biscayne
Suite, Apt. #, etc.

22 River Drive,
City & State

23 North Miami, Florida

Zip Country
24 33168 25 U.S.A.

2a. Mailing Address

26 14700 S. Biscayne River
Suite, Apt. #, etc.

27 Drive,
City & State

28 North Miami, Florida

Zip Country
29 33168 30 U.S.A.

9. Name and Address of Current Registered Agent

COMPET, LOUBET
5715 N. UNIVERSITY DRIVE
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name Rev. Phipps St. Hilaire
82 Street Address (P.O. Box Number is Not Acceptable)
14700 S. Biscayne River Drive,
83 Phone 305-6888396
84 City North Miami, **FL** **85 Zip Code** 33168

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

Rev. Phipps St. Hilaire, C/P - *Rev. Phipps St. Hilaire* **2/8/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COMPET, LOUBET	
STREET ADDRESS	8901 SUNSET STRIP	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COMPET, MARIE JUDE M	
STREET ADDRESS	8901 SUNSET STRIP	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ST. HILAIRE, PHIPPS REV	
STREET ADDRESS	325 N.E. 160 TERRACE	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOURDES, MARIE	
STREET ADDRESS	325 NE 160TH TERR	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	C/P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	St. Hilaire, Phipps Rev.
3.3 STREET ADDRESS	14700 S. Biscayne River Drive,
3.4 CITY-ST-ZIP	North Miami, Florida 33168.
4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	St. Hilaire, L. Marie
4.3 STREET ADDRESS	14700 S. Biscayne River Drive,
4.4 CITY-ST-ZIP	North Miami, Florida 33168.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Phone 305-6888396
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *The Rev. Phipps St. Hilaire*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99
Day

Daytime Phone #

CR2E034 (11/98)