

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 02 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 # P97000082641 (6)

1. Corporation Name
 CARIBBEAN AMERICAN FINANCIAL CORP.



Principal Place of Business

1515 UNIVERSITY DRIVE
 SUITE 111
 CORAL SPRINGS FL 33071

Mailing Address

1515 UNIVERSITY DRIVE
 SUITE 111
 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

65-0785750

Applied For
 Not Applicable

2. Principal Place of Business

21 17064 W. Dixie Hwy
 Suite, Apt. #, etc.

2a. Mailing Address

26 17064 W. Dixie Hwy
 Suite, Apt. #, etc.

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

22 City & State
 23 N. Miami Bch, FL

27 City & State
 28 N. Miami Bch, FL

24 Zip 33160 25 Country USA

29 Zip 33160 30 Country USA

9. Name and Address of Current Registered Agent

SADDI, NAVEEN
 1515 UNIVERSITY DRIVE
 SUITE 111
 CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 17064 W. Dixie Hwy
 84 City N. Miami Bch FL 85 Zip Code 33160

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 *M. Saddy*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 8/27/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SADDI, NAVEEN	
STREET ADDRESS	12848 N.W. 11TH COURT	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBBINGS, THEO	
STREET ADDRESS	11750 N.W. 6TH STREET	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	000002631640
5.4 CITY-ST-ZIP	-09/04/98--01001--048
	***150.00
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.

SIGNATURE *[Signature]*

DATE 8/27/98 1305949-0079

CR2E034 (5/98)

2

CARIBBEAN AMERICAN FINANCIAL CORP.
17064 W Dixie Hwy, N Miami Beach, Fl. 33160
Phone (305)949-0079 / Fax (305)949-1567

August 27, 1998

To Whom It May Concern

Thank you for your correspondence re: corporation annual renewal.

As you would recognize from our letter head, we have moved. Consequently we did not receive the original correspondence from your office. We do apologize for not bringing this to your attention sooner.

We would appreciate it, if you would abate the penalty that is inherent with this renewal.

Thank you for your consideration.

Enclosed is our check in the amount of \$150.00.

Sincerely,



Theo Gibbings
V.P