

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jan 03 2000 8:00 am
Secretary of State

DOCUMENT # P97000090345

1. Corporation Name

CARIBBEAN INTERNATIONAL DISTRIBUTORS INC.

Principal Place of Business

Mailing Address

5557 W. OAKLAND PARK BLVD.
SUITE 258
LAUDERHILL FL 33313

5557 W. OAKLAND PARK BLVD.
SUITE 258
LAUDERHILL FL 33313

REINSTATEMENT 1999
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1997

2. Principal Place of Business

2a. Mailing Address

6157 NW 167th St.
Suite, Apt. #, etc.

6157 NW 167th St.
Suite, Apt. #, etc.

4. FEI Number

65-0790231

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

F-14
City & State

F-14
City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Miami, Florida
Zip Country

Miami, Florida
Zip Country

8. This corporation owes the current year
Intangible Personal Property.

Yes

No

33015 25 USA

33015 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTLER, EUGENE B
5557 W. OAKLAND PARK BLVD.
SUITE 258
LAUDERHILL FL 33313

81 Name

Eugene Benjamin Butler

82 Street Address (P.O. Box Number is Not Acceptable)

5557 W. Oakland Park Blvd.

83 #258

84 City

Lauderhill

FL

85 Zip Code
33313

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

Eugene Benjamin Butler

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 28 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DVP	BUTLER, EUGENE	5557 W. OAKLAND PARK BLVD., STE. 258	LAUDERHILL FL 33313	<input type="checkbox"/>
DPT	MUNNIWGS, CEDRIC C	90 N.E. 96TH ST.	MIAMI FL 33138	<input type="checkbox"/>
TA	SIMMONS, NEAL	7110 N.W. 4TH AVE.	BOCA RATON FL 33487	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

Eugene Benjamin Butler

Sept 28 1999 30569885

CR2E034 (5/99)