

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90014 030 ***150.00

DOCUMENT # **P98000001995**

1. Corporation Name
CARIBBEAN UNITED TRANSFER COMPANIES, INC.



Principal Place of Business
**RIVERWALK PLAZA, SUITE 4000
333 NORTH NEW RIVER DRIVE EAST
FORT LAUDERDALE FL 33301**

Mailing Address
**RIVERWALK PLAZA, SUITE 4000
333 NORTH NEW RIVER DRIVE EAST
FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/08/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0810256	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HAFIZI, MYRNA ANDRE RIVERWALK PLAZA, SUITE 4000 333 NORTH NEW RIVER DRIVE EAST FORT LAUDERDALE FL 33301				10. Name and Address of New Registered Agent 81 Name WAYNE HORWITZ, CPA 82 Street Address (P.O. Box Number is Not Acceptable) 3511 W. COMMERCIAL BLVD #402 83 FORT LAUDERDALE, FL 84 City FL 85 Zip Code 33309	

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

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

(NOTE: Registered Agent signature required when reinstating)

3-16-99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVEILLE, FRED E	1.2 NAME	
STREET ADDRESS	RIVERWALK PLAZA, SUITE 4000	1.3 STREET ADDRESS	333 NORTH NEW RIVER DRIVE E. #4000
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, MARGARETTE B	2.2 NAME	
STREET ADDRESS	RIVERWALK PLAZA, SUITE 4000	2.3 STREET ADDRESS	333 NORTH NEW RIVER DRIVE E. #4000
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFIZI, MYRNA ANDRE	3.2 NAME	
STREET ADDRESS	RIVERWALK PLAZA, SUITE 4000	3.3 STREET ADDRESS	333 NORTH NEW RIVER DRIVE E. #4000
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input 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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-99 **954 166-9868**

CR2E034 (11/98)

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