

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

APPROVED
3/12/99 10:11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000026921

1. Corporation Name
Caribbean Pizza Connection, Inc.

Principal Place of Business: 1908 Hollywood Blvd. Hollywood, Florida 33020
Mailing Address: 3200 N.E. 19th Street No. 1016 Aventura, Florida 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
3/20/98

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	65-0831275	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Jimmie S. Banks 3200 N.E. 19th Street No. 1016 Aventura, Florida 33180	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code

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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President and Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimmie S. Banks	1.2 NAME	
STREET ADDRESS	3200 N.E. 19th Street, No. 1016	1.3 STREET ADDRESS	100002823091 -- 3
CITY-ST-ZIP	Aventura, Florida 33180	1.4 CITY-ST-ZIP	-03/30/99-01028-018
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon Banks	2.2 NAME	
STREET ADDRESS	3200 N.E. 19th Street, No. 1016	2.3 STREET ADDRESS	
CITY-ST-ZIP	Aventura, Florida 33180	2.4 CITY-ST-ZIP	
TITLE	Vice President and Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harvey L. Weiss	3.2 NAME	
STREET ADDRESS	9121 Town Gate Lane	3.3 STREET ADDRESS	
CITY-ST-ZIP	Bethesda, Maryland 20817	3.4 CITY-ST-ZIP	
TITLE	Vice President, Secretary, Treasurer and Director <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nathan P. Fishkin	4.2 NAME	
STREET ADDRESS	4663 Kenmore Drive, N.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Washington, D.C. 20007	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: *Harvey L. Weiss* HARVEY L. WEISS X 3-12-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)