

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90114 019 \*\*\*150.00

0142915

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000046538

1. Corporation Name  
**CARIBBEAN AMERICAN INTERNATIONAL CONSULTING, INC**



Principal Place of Business  
 6645 EVERGREEN DR.  
 MIRAMAR FL 33023

Mailing Address  
 6645 EVERGREEN DR.  
 MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/22/1998

4. FEI Number

65-0887309

Applied For  
 Applied For  
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALIC, ROSLYN  
 6645 EVERGREEN DR.  
 MIRAMAR FL 33023

81 Name

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

83

84 City

FL 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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
 NAME ROSLYN, ALIC  
 STREET ADDRESS 6645 EVERGREEN DR.  
 CITY-ST-ZIP MIRAMAR FL 33023

11 TITLE  Change  Addition

TITLE D  DELETE  
 NAME TURNQUEST, DONNA  
 STREET ADDRESS 465 N.W. 89TH ST.  
 CITY-ST-ZIP MIAMI FL 33023

12 NAME Alic, Roslyn

TITLE  DELETE

13 STREET ADDRESS

TITLE  DELETE

14 CITY-ST-ZIP

TITLE  DELETE

21 TITLE  Change  Addition

TITLE  DELETE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 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:

*Roslyn, Alic*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 (305) 270-3115

Date

Daytime Phone #

CR2E034 (11/98)