



SECOND 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).

0046359

PROFIT CORPORATION ANNUAL REPORT 1999	 	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S10557**

1. Corporation Name
CARAVAN, INC.

Principal Place of Business
**19101 COLLINS AVE
MIAMI BEACH FL 33160**

Mailing Address
**19101 COLLINS AVE
MIAMI BEACH FL 33160**

FILED
99 AUG -1, AM 9: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04/28/99 90128030 \$150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1060 CRYSTAL LEE Suite, Apt. #, etc. 22 City & State 23 POMPAN BEACH FL. Zip 24 33064	2a. Mailing Address 26 P.O. BOX 290537 Suite, Apt. #, etc. 27 DAVIE, FL City & State 28 DAVIE, FL Zip 29 33329
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3. Date Incorporated or Qualified 11/02/1990	4. FEI Number 65-0226885	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**STANCIU, ANA
19101 COLLINS AVE.
MIAMI BCH FL 33160**

10. Name and Address of New Registered Agent	81 Name STANCIU ANA
82 Street Address (P.O. Box Number is Not Acceptable) 4761 S.W. 126 AVE	
83 FT. LAUDERDALE	
84 City FT. LAUDERDALE FL	85 Zip Code 33330

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE STANCIU JON 278 180TH ST MIAMI BEACH FL FT. LAUDERDALE 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE STANCIU ANA 278 180TH ST MIAMI BEACH FL FT. LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Stanciu**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)