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Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S86420** (4)
1. Corporation Name
CARICOM DEVELOPMENT CORP.



Principal Place of Business Mailing Address
C/O CHADDERTON, GULISANO & CO PA
3211 PONCE DE LEON BLVD. STE 201
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/10/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0290000	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

CHADDERTON, TREVOR B.
3211 PONCE DE LEON BLVD
STE 201
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	NEBHANI, JYOTI	1.2 NAME	
STREET ADDRESS	7550 FOLSON AUBURN RD 1207	1.3 STREET ADDRESS	
CITY-ST-ZIP	FOLSOM CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	GURBANI, HARI	2.2 NAME	
STREET ADDRESS	2315 N.W. 107TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	ASNANI, DHANWANTI	3.2 NAME	
STREET ADDRESS	1 WM. PETER BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CASTRIS ST	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	ASNANI, MOHAN	4.2 NAME	
STREET ADDRESS	#1 WM PETER BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CASTRIS ST	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	CHUCANI, SURENDER	5.2 NAME	
STREET ADDRESS	6321 HUTCHINSON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	SCOBIE, HENRY E	6.2 NAME	
STREET ADDRESS	#1 WM PETER BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CASTRIS ST	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.

SIGNATURE

[Signature]

19th JAN 98 305-445-7700

CR2E034 (10/97)