

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S89109

(0)

1. Corporation Name

CAPATARA U.S., INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:23

Principal Place of Business

877 EXECUTIVE CENTER DR., W.
STE. 303
ST. PETERSBURG FL 33702
US

Mailing Address

P. O. BOX 22094
ST. PETERSBURG FL 33742
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1991

3a. Date of Last Report

02/25/1994

4. FBI Number

59-3091449

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MASCARA, ERNEST L.
877 EXECUTIVE CENTER DR., W.
GLADES BUILDING, STE. 303
ST. PETERSBURG FL 33702

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]
Signature, typed or printed name of registered agent and the filer (applicant)

NOTE: Registered Agent signature required when overwriting

February 15, 1995
Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ANNING, RAY
STREET ADDRESS 1303 FORESTEDGE BLVD
CITY-ST-ZIP OLDSMAR FL

TITLE VD
NAME ANNING, TERRY
STREET ADDRESS 1303 FORESTEDGE BLVD
CITY-ST-ZIP OLDSMAR FL

TITLE SD
NAME ANNING, CLARE
STREET ADDRESS 1303 FORESTEDGE BLVD
CITY-ST-ZIP OLDSMAR FL

TITLE TD
NAME ANNING, PATRICIA
STREET ADDRESS 1303 FORESTEDGE BLVD
CITY-ST-ZIP OLDSMAR FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, 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 filer, or both, and that I am not a minor or an incompetent person. I declare this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an amendment with the filer.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY ANNING PRESIDENT

1/31/95 813-789-3434
Date Telephone Number