

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 24 1994

DOCUMENT # **F24812 (2)**

1. Corporation Name
CAPITALVISION INTERNATIONAL CORP.

Principal Place of Business Mailing Address
14234 SW 136 ST. MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/14/1981	3a. Date of Last Report 05/24/1994
4. FEI Number 59-2083943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Has the corporation... <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 14232 SW 136 ST	26 14232 SW 136 ST
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State MIAMI FL	28 City & State MIAMI FL
24 Zip 33186	29 Zip 33186
25 Country DADE	30 Country DADC

9. Name and Address of Current Registered Agent
**SKOLA, THOMAS J. ESP.
1111 S. BAYSHORE DR.
MIAMI FL 33131**

81 Name	85 Zip Code
82 Street Address (P O Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS	
TITLE PSD	CROUSILLAT, JOSE E.
NAME	14234 SW 136 ST.
STREET ADDRESS	MIAMI FL
CITY ST ZIP	
TITLE V	CROUSILLAT, MARIA E.
NAME	14232 SW 136 ST
STREET ADDRESS	MIAMI FL
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL REGISTERED AGENTS	
11 TITLE DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE D/P/T/ ASSIST SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME JUAN J. JAUREGUIZAR	
33 STREET ADDRESS 14232 SW 136 ST	
34 CITY ST ZIP MIAMI FL 33186	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119 07(3)(k), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE: _____ DATE: **6/8/95**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

CR2E034 (3/95)