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FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 165598

(4)

1. Corporation Name  
A.J. CAPELETTI, INC.



Principal Place of Business

18401 NW 58 AVENUE  
P O BOX 4944  
HIALEAH FL 33014

Mailing Address

18401 NW 58 AVENUE  
P O BOX 4944  
HIALEAH FL 33014-0944

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/25/1951

3a. Date of Last Report

05/28/1996

4. FEI Number

59-0653642

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

MEADOR, DOTTI CAPELETTI  
18401 NW 58 AVENUE  
HIALEAH FL 33014

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

TITLE	D	PERENO, A.J.	<input type="checkbox"/> DELETE
NAME		1360 MENDAVIA	
STREET ADDRESS		CORAL GABLES FL	
CITY - ST - ZIP			
TITLE	VPD	MEADOR, D.C.	<input type="checkbox"/> DELETE
NAME		15900 W. PRESTWICK PL	
STREET ADDRESS		MIAMI LAKES FL	
CITY - ST - ZIP			
TITLE	SD	GREENWELL, W.R.	<input type="checkbox"/> DELETE
NAME		14531 SABAL PALM DR.	
STREET ADDRESS		HIALEAH FL	
CITY - ST - ZIP			
TITLE	PD	CAPELETTI, J.D.	<input type="checkbox"/> DELETE
NAME		4918 EXETER ESTATE LANE	
STREET ADDRESS		LAKE WORTH FL	
CITY - ST - ZIP			
TITLE	TD	KITCHENS, O.L.	<input type="checkbox"/> DELETE
NAME		4800 JACKSON ST.	
STREET ADDRESS		HOLLYWOOD FL	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Dotti Capletti Meador*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

Date

305/873-9500

Daytime Phone #

CR2E034 (9/96)