

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90144 028 ***150.00

DOCUMENT # F21088

1. Corporation Name

CAPITAL BUILDERS, INC.



Principal Place of Business

~~1390 BRICKELL AVE., SUITE 230~~
~~MIAMI FL 33131~~

Mailing Address

~~1390 BRICKELL AVE., SUITE 230~~
~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1981

4. FEI Number

59-2104606

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 13200 S.W. 128 Street

2a. Mailing Address

26 P. O. Box 557035

22 Suite, Apt. #, etc.

Building G

27 Suite, Apt. #, etc.

23 City & State

Miami, FL

28 City & State

Miami, FL

24 Zip

33186

Country

25

29 Zip

33255

Country

30

9. Name and Address of Current Registered Agent

PRADO, ANTONIO

~~1390 BRICKELL AVE., SUITE 230~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name PRADO, ANTONIO

82 Street Address (P.O. Box Number is Not Acceptable)
6405 S.W. 50 Street

83

84 City Miami

FL

85 Zip Code
33155

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

ANTONIO PRADO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SD PRADO, CATALINA

STREET ADDRESS ~~1390 BRICKELL AVE., SUITE 230~~

CITY-ST-ZIP ~~MIAMI FL 33131~~

TITLE ☐ DELETE

NAME PD PRADO, ANTONIO

STREET ADDRESS ~~1390 BRICKELL AVE., SUITE 230~~

CITY-ST-ZIP ~~MIAMI FL 33131~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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 6405 S.W. 50 Street

1.4 CITY-ST-ZIP Miami, FL 33155

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 6405 S.W. 50 Street

2.4 CITY-ST-ZIP Miami, FL 33155

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANTONIO PRADO

4-19-99

(305) 551-6770

Date

Daytime Phone #

CR2E034 (1/1/98)