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 Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90094 028 ***150.00

DOCU	MENT # F24812						
1. Corporation Name CAPITALVISION INTERNATIONAL CORP.							
					T TRANSPORTUS NECES TRANSPORTUS SERVICE AND A TRANSPORTUS SERVICES AND A STATE BASIN THE SERVICES AND A STATE OF THE SERVICES AND A STATE OF THE SERVICES AND ASSESSMENT OF THE SERVICES A		
Principal Place of Business Mailing Address					- I EMORERA THA HADE BARAF IREBI KARA TARA DIN 	N OLDIY BIBLI DIBIK B	LOTO OF OUR LEGY
14232 SW 136 S	S7	14232 SW 136 ST					
MIAMI FL 33186 MIAMI FL 33186					DO NOT WRITE IN TH	IIC CDACE	
US US					3. Date Incorporated or Qualifed		
					04/14/1981		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ар	plied For
21 26					59-2083943	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired .	\$8.75 A Fee Re	
22 27							
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country Zip		Country		This corporation owes the current year		
24	25 29 30				Personal Property Tax.	Yes	No
	9. Name and Address of Curre				10. Name and Address of New Register	ed Agent	
			81	Name			
AMKGS REGISTERED AGENTS INC				Street Addre	ss (P.O. Box Number is Not Acceptable)		
1980 SUN BANK INTERNATIONAL CTR							
ONE SE 3RD AVE MIAMI FL 33131			83				
IAITATIA	# FL 33131		84	City		85 Zip (Code
a. Dumunat	to the provisions of Sections 507.050	22 and 607 1508 Florida Statute	s the shove-	amed corno	ration submits this statement for the purpose	of changing its	registered
office or ri	egistered agent or both in the State	of Florida. Such change was au	thorized by th	e corporation	nation suprints this statement for the purpose n's board of directors. I hereby accept the ap	pointment as re	gistered
	m familiar with, and accept the obliga	ations of, Section 607.0505, Fior	da Statules.				-
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent s	ignature required	when reinstating) DATE		
12.	OFFICERS At	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	DPTS	☐ DELETE 1.1		\		☐ Change	☐ Addition
NAME	CROUSILLAT, JOSE E		1.2 NAME				
STREET ADDRESS	14232 SW 136TH ST		1.3 STREET A	l l	~		Ì
CITY-ST-ZIP			1.4 CITY-ST-2 2.1 TITLE	<u> </u>		Change	Addition
TITLE NAME			2.1 HILL	Ì			_
STREET ADDRESS			2.3 STREET A	DORESS			
CITY-ST-ZIP			2. 4 CITY-ST-	- 1			-]
TITLE			31 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			33 STREET A	DDRESS			
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-	ZIP			
TITLE	DELETE		4.1 TITLE			Change	☐ Addition
NAME	1		4. 2 NAME				
STREET ADDRESS			4.3 STREET A	l l			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITLE	<u> </u>		☐ Change	Addition
TITLE			5.1 THEE				
NAME STREET ADDRESS			5.3 STREET A	DORESS			
CITY-ST-ZIP			5.4 CITY- ST-2	ZIP			
TITLE		☐ DELETE	6.1 T/TLE			Change	Addition
NAME			6.2 NAME	1			İ
STREET ADDRESS			6.3 STREET A	DDRESS			-

Ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in that an address, with all other like empowered. 14. I hereby certify that the information supplied with this fi indicated on this annual report or supplemental annual officer or director of the corporation or the receiver or Block 12 or Block 13 if changed or or on a stack ment ye

SIGNATURE:

SIGNING DIFFICER OR DIRECTOR