

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F82420** (3)

1. Corporation Name

CAPA INVESTMENTS, INC.



Principal Place of Business

9130 WILES RD
#305
CORAL SPRINGS FL 33067
US

Mailing Address

9130 WILES RD
#305
CORAL SPRINGS FL 33067
US

3. Date Incorporated or Qualified

05/24/1982

3a. Date of Last Report

03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 11784 N.W. 5TH ST

26 11784 N.W. 5TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PLANTATION, FL

28 PLANTATION FL

24 Zip

25 Country

29 Zip

30 Country

33325

U.S.A.

33325

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPRIO, SAMUEL
11784 NW 5TH ST
PLANTATION FL 33325

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 of agent, if applicable

(Indicate Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CAPRIO, SAMUEL
STREET ADDRESS 11784 NW 5TH ST
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE VD
NAME CAPRIO, ANTHONY
STREET ADDRESS 1066 NW 110TH LANE
CITY-ST-ZIP CORAL SPRINGS FL

☒ DELETE

TITLE STD
NAME CAPRIO, JOSEPH
STREET ADDRESS 4950 S.W. 145TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SAMUEL CAPRIO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROS.

4/12/96

954-423-5195

(Daytime Phone #)

CR2E034 (12/95)