FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 FEB 17 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **F93000002315 (0)**

1. Corporation Name
CAPX CORPORATION

Principal Place of Business
420 JEFFERSON AVENUE
~~930 WASHINGTON AVENUE, 4TH FLOOR~~
MIAMI BEACH FL 33139

Mailing Address
420 JEFFERSON AVENUE
~~930 WASHINGTON AVENUE, 4TH FLOOR~~
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 05/18/1993
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 22-3137244 — 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

200001410512
02/20/95--01062--015
****200.00 ****200.00

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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~ CD	1.1 TITLE	☐ Change ☒ Addition
NAME	SIMON, STEVEN	1.2 NAME	~~Howard Fitzgibbons~~
STREET ADDRESS	930 WASHINGTON AVENUE, 4TH FLOOR	1.3 STREET ADDRESS	~~15 Pylon Lane Lakeville~~
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	~~Londonderry NH 03053~~
TITLE	SD	2.1 TITLE	D ☒ Change ☒ Addition
NAME	MILLER, COURTLANDT G	2.2 NAME	~~NO LONGER WITH COMPANY~~
STREET ADDRESS	405 PARK AVE 16 FL	2.3 STREET ADDRESS	HERBERT SILLMAN
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	6428 DINSMORE ROAD BLOOMFIELD HILLS, MI 48301
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	VILLANUEVA, VINCENT	3.2 NAME	~~NO LONGER WITH COMPANY~~
STREET ADDRESS	4500 ALEXANDER BLVD NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	☒ Change ☐ Addition
NAME	DESANTIS, NUNZIO P	4.2 NAME	~~NO LONGER WITH COMPANY~~
STREET ADDRESS	4500 ALEXANDER BLVD., N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM 87107	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	VITALE, PHILIP J MD	5.2 NAME	PAUL GREGORY
STREET ADDRESS	4500 ALEXANDER BLVD., N.W.	5.3 STREET ADDRESS	300 MERCER STREET APT 19J
CITY-ST-ZIP	ALBUQUERQUE NM 87107	5.4 CITY-ST-ZIP	NEW YORK, NY 10002
TITLE	D	6.1 TITLE	D ☐ Change ☒ Addition
NAME	CARMIGNANI, ROGER	6.2 NAME	DAN PORYLES
STREET ADDRESS	17 QUAI VOLTAIRE 75007	6.3 STREET ADDRESS	2 RICHMOND ROAD
CITY-ST-ZIP	PARIS FR	6.4 CITY-ST-ZIP	LIDO BEACH, NY 11561

CH

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: STEVEN SIMON 1-19-95
SIGNATURE AND/OR TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR Date Telephone Number

0160306 CP