

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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003286 (8)

1. Corporation Name
CAPA REAL, S.A.



Principal Place of Business 6700 SW 132ND ST. MIAMI FL 33156	Mailing Address 6700 SW 132ND ST. MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

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 06/24/1997	
25		30		4. FEI Number 65-0761427 APPLIED FOR	
21		26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent

RODRIGUEZ, CARLOS
6700 SW 132ND ST.
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D & SECRETARY
NAME	ODIO, MARGARITA	1.2 NAME	PAMELA S. RODRIGUEZ
STREET ADDRESS	6700 SW 132ND ST.	1.3 STREET ADDRESS	6700 SW 132ND ST.
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	MIAMI, FL. 33156
TITLE	D	2.1 TITLE	D
NAME	CHAN, VIRGINIA	2.2 NAME	ANA PEYTON
STREET ADDRESS	6700 SW 132ND ST.	2.3 STREET ADDRESS	6700 SW 132ND ST.
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	MIAMI, FL. 33156
TITLE	D	3.1 TITLE	
NAME	RAVEN, ALBERTO	3.2 NAME	
STREET ADDRESS	6700 SW 132ND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	RAMIREZ, CARMEN M	4.2 NAME	
STREET ADDRESS	6700 SW 132ND ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	4.4 CITY-ST-ZIP	
TITLE	P/D	5.1 TITLE	
NAME	RODRIGUEZ, CARLOS	5.2 NAME	
STREET ADDRESS	6700 SW 132ND ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	5.4 CITY-ST-ZIP	
TITLE	V/D	6.1 TITLE	
NAME	RODRIGUEZ, BRENDA L	6.2 NAME	
STREET ADDRESS	6700 SW 132ND ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	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 appointment with an address.

SIGNATURE

1/12/98 305-500-9000

CR2E034 (10/97)