

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

FILED
Mar 31 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 # F97000004360 (0)

1. Corporation Name
CAPEWELL HORSENAILS, INC.



Principal Place of Business 1395 BLUEHILLS AVE., - PO BOX 2315 BLOOMFIELD CT 06002	Mailing Address 1395 BLUEHILLS AVE., - PO BOX 2315 BLOOMFIELD CT 06002
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 101 Breakell Bay Drive Suite, Apt. #, etc. 22 Suite 2104 City & State 23 Miami FL Zip 24 33131		2a. Mailing Address 26 1395 Blue Hills Av. P.O. Box 2315 Suite, Apt. #, etc. 27 City & State 28 Bloomfield CT Zip 29 06002		3. Date Incorporated or Qualified 08/19/1997	
				4. FEI Number 06-1140052	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTDC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZBAR, DIEGO H	1.2 NAME	Zbar, Diego H
STREET ADDRESS	94 TAMARA CIRCLE	1.3 STREET ADDRESS	6 Chemin des Chenes
CITY-ST-ZIP	AVON CT 06001	1.4 CITY-ST-ZIP	CH-1009ully Switzerland
TITLE	VDC <input type="checkbox"/> DELETE	2.1 TITLE	President, Treasurer, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUSTAD, CHRISTIAN	2.2 NAME	Lara, Carlos
STREET ADDRESS	3778 SCHONNIED	2.3 STREET ADDRESS	57 Harris Road
CITY-ST-ZIP	SWITZERLAND	2.4 CITY-ST-ZIP	Avon CT 06001
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILARSKI, CLIFFORD W	3.2 NAME	
STREET ADDRESS	109 NORTH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOLCOTT CT 06176	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSTAD, OLE	4.2 NAME	
STREET ADDRESS	EA PAILACURA	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MASTIN DE LOS ARGENTINA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NILSSON, HANS	5.2 NAME	
STREET ADDRESS	PL 1021	5.3 STREET ADDRESS	
CITY-ST-ZIP	CCOLO DALS LANGRED SWEDEN	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____ CLIFFORD W. PILARSKI Secretary 7/10/98 Rev-242-3650

CR2E034 (10/97)