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 # **G66243** **(8)**

1. Corporation Name

CAPRETTO SOUTH, INC.

Principal Place of Business	Mailing Address
5826 SUNSET DRIVE SOUTH MIAMI FL 33143	5826 SUNSET DRIVE SOUTH MIAMI FL 33143

3. Date Incorporated or Qualified: **10/14/1983**
3a. Date of Last Report: **01/17/1995**
4. FEI Number: **59-2332543** ☐ 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

POLLACK, DAVID C ESQ
200 S. BISCAYNE BLVD., STE 3300
MIAMI FL 33131

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

11. Pursuant to the provisions of Sections 607.0505 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 _____ Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	DPT	☐ DELETE	1 TITLE	☐ Change ☐ Addition
1 NAME	POLLACK, TRUDI		1 NAME	
1 STREET ADDRESS	9360 SW 102 ST		1 STREET ADDRESS	
1 CITY-ST-ZIP	MIAMI, FL 00000		1 CITY-ST-ZIP	
2 TITLE	S	☐ DELETE	2 TITLE	☐ Change ☐ Addition
2 NAME	POLLACK, DAVID		2 NAME	
2 STREET ADDRESS	9360 S.W. 102 STREET		2 STREET ADDRESS	
2 CITY-ST-ZIP	MIAMI FL		2 CITY-ST-ZIP	
3 TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
3 NAME			3 NAME	
3 STREET ADDRESS			3 STREET ADDRESS	
3 CITY-ST-ZIP			3 CITY-ST-ZIP	
4 TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
4 NAME			4 NAME	
4 STREET ADDRESS			4 STREET ADDRESS	
4 CITY-ST-ZIP			4 CITY-ST-ZIP	
5 TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
5 NAME			5 NAME	
5 STREET ADDRESS			5 STREET ADDRESS	
5 CITY-ST-ZIP			5 CITY-ST-ZIP	
6 TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
6 NAME			6 NAME	
6 STREET ADDRESS			6 STREET ADDRESS	
6 CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, complete, and current; furnished and 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 added.

SIGNATURE: _____ Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)