

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 *915.00*

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1997 SEP 18 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996 <i>97</i>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H36513** (0)

1. Corporation Name  
**MULTI-NATIONAL CAPITAL GROUP, INC.**

*W97-18557*

Principal Place of Business <b>% ARTHUR S. WEITZNER 8370 WEST FLAGLER STREET, SUITE #244 MIAMI FL 33144</b>	Mailing Address <b>% ARTHUR S. WEITZNER 8370 WEST FLAGLER STREET, SUITE #244 MIAMI FL 33144</b>
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3. Date Incorporated or Qualified <b>12/31/1984</b>	3a. Date of Last Report <b>07/07/1995</b>
4. FEI Number <b>59-2716700</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 c/o Richard S. Luck Suite, Apt. #, etc. 22 11543 N. Kendall Drive City &amp; State 23 Miami, Florida Zip 24 33176-1002</b>	2a. Mailing Address <b>26 c/o Richard S. Luck Suite, Apt. #, etc. 27 11543 Kendall Drive City &amp; State 28 Miami, Florida Zip 29 33176-1002</b>	Country <b>25 USA 30 USA</b>
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9. Name and Address of Current Registered Agent <b>WEITZNER, ARTHUR S 8370 WEST FLAGLER STREET SUITE #244 MIAMI FL 33144</b>	
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10. Name and Address of New Registered Agent <b>81 Name <i>RICHARD S. LUCK</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>11543 N. KENDALL DRIVE</i> 83 84 City <i>MIAMI</i> FL 85 Zip Code <i>33176</i></b>	
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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 607.0506, Florida Statutes.

SIGNATURE *[Signature]* **PRESIDENT** DATE **7-30-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>HOSSIN, ABRAHAM</b>
STREET ADDRESS	<b>91 N.W. 18TH TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Richard S. Luck</b>
1.3 STREET ADDRESS	<b>11543 North Kendall Drive</b>
1.4 CITY-ST-ZIP	<b>Miami, Florida 33176-1002</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**REINSTATEMENT** *9/9/97*

**800002300228--2**  
**-09/22/97--01171--002**  
**\*\*\*\*915.00 \*\*\*\*915.00**

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: *[Signature]* **PRESIDENT** DATE **7-30-97** **305-271-4444**  
Signature and typed or printed name of signing officer or director. Date. Domicile, Phone #.

CR2E034 (12/95)