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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 02 1997 8:00am  
Secretary of State

DOCUMENT # J74222 (7)

1. Corporation Name

CAPRION ENTERPRISES/DATAKILL, INC.



Principal Place of Business

3226 PARKER AVE.  
WEST PALM BEACH FL 33405  
US

Mailing Address

POST OFFICE BOX 6673  
WEST PALM BEACH FL 33405-0673  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

TRAVIESO, ASUNCION  
3226 PARKER AVENUE  
WEST PALM BEACH FL 33405

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 607.0502 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.

10. Name and Address of New Registered Agent

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

TITLE P [ ] DELETE

NAME TRAVIESO, LORGIO J.  
STREET ADDRESS 3226 PARKER AVENUE  
CITY - ST - ZIP WEST PALM BEACH FL

TITLE VP [ ] DELETE

NAME TRAVIESO, ASUNCION  
STREET ADDRESS 3226 PARKER AVENUE  
CITY - ST - ZIP WEST PALM BEACH FL

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE [ ] Change [ ] Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE [ ] Change [ ] Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE [ ] Change [ ] Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE [ ] Change [ ] Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE [ ] Change [ ] Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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:

*L Travieso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0200115

CR2E034 (9/96)