SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 9:19

DOCUMENT # **K03094** **(5)**

1. Corporation Name

CAPRICE PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O CORP TAX DEPT. 15-566 850 MAIN STREET BRIDGEPORT CT 06604-4913	C/O CORP TAX DEPT. 15-566 850 MAIN STREET BRIDGEPORT CT 06604-4913

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/18/1987**
3a. Date of Last Report: **02/21/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: **06-1224936** ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MACFARLAND, RICHARD B. **7777 GLADES ROAD, SUITE 300** **BOCA RATON FL 33434**	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BRESTOVAN, PETER M.	12 NAME		
STREET ADDRESS	850 MAIN ST.	13 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	RICCI, FRANCES	22 NAME		
STREET ADDRESS	850 MAIN ST.	23 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	BRENNAN, DOROTHEA	32 NAME		
STREET ADDRESS	850 MAIN STREET	33 STREET ADDRESS		
CITY ST ZIP	BRIDGEPORT CT	34 CITY ST ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	MELLO, CARLOS	42 NAME		
STREET ADDRESS	850 MAIN STREET	43 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT	44 CITY ST ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	PAYNE, CYNTHIA H.	52 NAME		
STREET ADDRESS	850 MAIN STREET	53 STREET ADDRESS		
CITY ST ZIP	BRIDGEPORT CT	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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: Carlos R. Mello 6/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178210 FN