

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L60609 (9)

1. Corporation Name

CAP PERSONALTY, INC.



Principal Place of Business

Mailing Address

C/O LAURENCE MEYERSON
1221 BRICKELL AVE., 6TH FLOOR
MIAMI FL 33131
US

C/O LAURENCE MEYERSON
1221 BRICKELL AVE., 6TH FLOOR
MIAMI FL 33131
US

3. Date Incorporated or Qualified
03/28/1990

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

65-0310378

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYERSON, LAURENCE E
1221 BRICKELL AVE.
6TH FLOOR
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

April 25, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE
NAME PAUL, MICHAEL
STREET ADDRESS 1221 BRICKELL AVE
CITY-ST-ZIP MIAMI FL

1.1 TITLE DP ☐ Change ☒ Addition
1.2 NAME Roy Tanis
1.3 STREET ADDRESS 1221 Brickell Avenue
1.4 CITY-ST-ZIP Miami, FL 33131

TITLE DS ☐ DELETE
NAME PROMOFF, DAVID
STREET ADDRESS 1221 BRICKELL AVE
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME HARRIS, LUCIOUS
STREET ADDRESS 1221 BRICKELL AVE
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME SAXON, BARBARA F
STREET ADDRESS 2000 TOWERSIDE TERR., #509
CITY-ST-ZIP MIAMI FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600001803886
-05/01/96--01102--051

***200.00

REB
5-1-96

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:

Lucious T. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lucious T. Harris, Treasurer

April 25, 1996

(305) 536-1500

Date

Daytime Phone #

CR2E034 (12/95)