

SECOND NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT #  
1. Corporation Name

L88068  
CAPRICORN AUTO SALES INC.

Principal Place of Business  
5314 PEMBROKE RD.  
Hollywood, FL 33023

Mailing Address  
P.O. Box 8411  
PEMBROKE PINES, FL 33084

2. Principal Place of Business

21 S/A  
Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 S/A  
Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07-20-1990

3a. Date of Last Report

04-03-1995

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

81 Name RENAID CHERY  
82 Street Address (P.O. Box Number is Not Acceptable)  
790 N.E. 155 ST.  
83  
84 City MIAMI FL 85 Zip Code 33162

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

RENAID CHERY

Renaide Chery

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☒ DELETE  
NAME LUIS ALVAREZ  
STREET ADDRESS 5314 PEMBROKE RD.  
CITY-ST-ZIP HOLLYWOOD FL 33023

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME LYONNEL CARRE  
1.3 STREET ADDRESS 7221 FAIRWAY BLVD.  
1.4 CITY-ST-ZIP MIRAMAR, FLA. 33023

2.1 TITLE VICE-PRESIDENT ☐ Change ☒ Addition  
2.2 NAME JEAN ROY  
2.3 STREET ADDRESS 170 N.E. 163 ST. MIAMI, FL 33162  
2.4 CITY-ST-ZIP

3.1 TITLE TREASURER ☐ Change ☒ Addition  
3.2 NAME RENAID CHERY  
3.3 STREET ADDRESS 790 N.E. 155 ST. MIAMI, FLA. 33162  
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LYONNEL CARRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-96 305-757-5531

Daytime Phone #

CR2E034 (3/96)