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PROFIT CORPORATION ANNUAL REPORT



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

	1996	DIVISION OF	CORPORATIONS		
1. Corporation		357 (2)			
CAPIA	AIN RICK'S INC.			!	
Principal Plac	e of Business	Molling Address			
C/O RICHARD L. WELLINS		Mailing Address			rant arter arter arter Breit Gifti Bifti 1681
7449 S.W. 1	04TH STREET	C/O RICHARD L. WELL 7449 S.W. 104TH STRE			
MIAMI FL 3:	3156	MIAMI FL 33156		3. Date Incorporated or Qualified	3a. Date of Last Report
Principal B	flace of Business			10/01/1985	04/14/1995
. ENTOIDALE	lace of business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-2589186	Not Applicabl \$8.75 Additional
0		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
L <u>.</u>	25	29	30	This corporation has liability for in Florida Statutes	ntangible tax under si 199.032, □ No
	g. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Re	
WELLIN	C DICHADD I		81 Name		
	is, richard L. W. 104th street		82 Street Add	dress (P.O. Box Number is Not Acceptable	0)
	EL 33156		83		

-			84 City		FL 85 Zip Code
 Pursuant t or register 	to the provisions of Sections 607,05 red agent, or both, in the State of Fig.	02 and 607.1508, Florida Statute	s, the above-named corpo	oration submits this statement for the purp and of directors, I hereby accept the appoi	ose of changing its registered office
familiar wi	Ib. and account the obligations of Ca				
	or, and accept the boligations of, Se	ection 607.0505, Florida Statutes.	d by the corporation's too	ard of directors. I hereby accept the appoi	intment as registered agent. I am
		The second of th			
GNATURE _	Signature, typed or printed name of registered age	The second of th	E. Rogistered Agont signature require	erl when rainstating:	DATE
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oath; final I am an officer or director of the corporation or the receiver or trusted 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: Debra Welling SIGNATURE AND TYPED OR PRINTED

4-8-96 305-666-4696