

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:40

DOCUMENT # M26611 (7)

1. Corporation Name  
LESPRICA INTERNATIONAL INC.

Principal Place of Business Mailing Address  
C/O CAPRILES, GUILLERMO  
20281 EAST COUNTRY CLUB DRIVE  
MIAMI FL 33180  
US

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified	3a. Date of Last Report
01/29/1986	06/15/1994
4. FEI Number	Applied For
59-2162347	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAPRILES, GUILLERMO 20281 EAST COUNTRY CLUB DRIVE UNIT 1202 MIAMI FL 33180				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Guillermo Capriles* CAPRILES, Guillermo DATE: 1-13-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPRILES, LUIS A	1.2 NAME	
STREET ADDRESS	20281 EAST COUNTRY CLUB DRIVE, UNIT 1202	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH FL	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPRILES, GUILLERMO	2.2 NAME	
STREET ADDRESS	20281 EAST COUNTRY CLUB DRIVE, UNIT 1202	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPRILES, JOSEFINA	3.2 NAME	
STREET ADDRESS	20281 EAST COUNTRY CLUB DRIVE, UNIT 1202	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 199.032(9)(a), 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 addendum.

SIGNATURE: *Guillermo Capriles* CAPRILES, Guillermo DATE: 1-13-95