FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90182 022 ***150.00

CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
CAPO INVESTMENT GROUP CORPORATION

DOCUMENT #
M54277 (2)

Mailing Address / Principal Place of Business
7270 N.W. 12th ST.SITE PH-1
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, list through corrected information and enter correction below

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

3. Date Incorporated or Qualified: 06/22/1987
3a. Date of Last Report: 05/01/1998
4. FEI Number: 59-2822152 — Applied For / Not Applicable
5. Certificate of Status Desired: $8.75 Indicate Quantity
6. Election Campaign Financing Trust Fund Contribution $5.00 May Be Added to Fees
7. Nonprofit Exempt from $150.00 Supplemental Fee
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

BRODIE, SIDNEY Z.
7270 N.W. 12 TH STREET
PH-1
MIAMI FL.3 3126

10. Name and Address of New Registered Agent

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 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D	11 TITLE	
12 NAME	CAPO, JULIO C	12 NAME	
13 STREET ADDRESS	1260 NW 72 AVE.	13 STREET ADDRESS	
14 CITY-ST-ZIP	MIAMI FL. 33126	14 CITY-ST-ZIP	
21 TITLE	S/D	21 TITLE	
22 NAME	CAPO, GERARDO	22 NAME	
23 STREET ADDRESS	1260 NW 72 AVE.	23 STREET ADDRESS	
24 CITY-ST-ZIP	MIAMI FL. 33126	24 CITY-ST-ZIP	
31 TITLE	V/T/D	31 TITLE	
32 NAME	CAPO, MANUEL	32 NAME	
33 STREET ADDRESS	1260 N.W. 72 AVE	33 STREET ADDRESS	
34 CITY-ST-ZIP	MIAMI FL 33126	34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this 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 have fulfilled all obligations with respect to qualification to do business pursuant to Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an "X".

SIGNATURE: Julio Capo 4-27-99 305-592-4867
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR