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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Monham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M58417 (0)

1. Corporation Name
CAPO & SONS CORP.

Principal Place of Business C/O JULIO C. CAPO 1260 N.W. 72ND AVENUE MIAMI FL 33126	Mailing Address C/O JULIO C. CAPO 1260 N.W. 72ND AVENUE MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/01/1987	3a. Date of Last Report 04/27/1994
4. FEI Number 65-0004248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	B1	Name	B2	Street Address (P.O. Box Number is Not Acceptable)
22	City & State	27	City & State	B3		B4	City
23	Zip	28	Zip	B5	FL	B6	Zip Code
24	Country	29	Country				

**BRODIE, SIDNEY Z.
 7270 NE 12TH ST
 PH-1
 MIAMI FL 33126**

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPO, LUIS	1.2 NAME	
STREET ADDRESS	1260 N.W. 72 AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPO, CARLOS	2.2 NAME	
STREET ADDRESS	1260 N.W. 72 AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPO, JULIO	3.2 NAME	
STREET ADDRESS	1260 N.W. 72 AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPO, PEDRO	4.2 NAME	
STREET ADDRESS	1260 N.W. 72 AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPO, MANUEL	5.2 NAME	
STREET ADDRESS	1260 N.W. 72 AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPO, ROBERTO	6.2 NAME	
STREET ADDRESS	1260 N.W. 72 AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	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)(b), 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 *[Signature]* **JULIO C CAPO** 4-19-95 307-592-4967
 (Signature) (Typed Name) (Date) (Phone Number)