

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33126-1918
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/01/1987	3a. Date of Last Report 04/30/1996
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc	4. FEI Number 65-0004248	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRODIE, SIDNEY Z. 7270 NE 12TH ST PH-1 MIAMI FL 33126		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, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CAPO, LUIS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1260 N.W. 72 AVE.	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD CAPO, CARLOS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1260 N.W. 72 AVE.	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	TD CAPO, JULIO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1260 N.W. 72 AVE.	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	SD CAPO, PEDRO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1260 N.W. 72 AVE.	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D CAPO, MANUEL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1260 N.W. 72 AVE.	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D CAPO, ROBERTO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1260 N.W. 72 AVE.	6.2 NAME	
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: **4-10-97** DAYTIME PHONE: **593-4967**

CR2E034 (9/96)