FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 200.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M61321** **(9)**

1. Corporation Name
KAPEL, INC.

Principal Place of Business	Mailing Address
~~815 N.W. 57TH AVE., SUITE 431 MIAMI FL 33126~~	~~815 NW 57TH AVE., SUITE 431 MIAMI FL 33126~~
650 N.W. 86 Pl. #105	650 N.W 86 Pl. #105
Miami Fl. 33126	Miami, Fl. 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/23/1987	3a. Date of Last Report: 02/09/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: 65-0009041 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALEZ, JAIRO
815 N.W. 57TH AVENUE, SUITE 431
MIAMI FL 33126
650 NW 86 PLACE, APT 105
MIAMI, FL

10. Name and Address of New Registered Agent

81 Name: Gustavo Toledo
82 Street Address (P.O. Box Number is Not Acceptable)
83: 650 NW. 86 Place #105
84 City: Miami FL 85 Zip Code: 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 X _____ X 1/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	TOLEDO, GUSTAVO	1.2 NAME	Toledo Gustavo
STREET ADDRESS	815 NW 57TH AVE., #431	1.3 STREET ADDRESS	650 N.W. 86 Place #105
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	Miami, Fl. 33126
TITLE	~~SVD~~	2.1 TITLE	☐ Change ☐ Addition
NAME	~~GONZALEZ, JAIRO~~	2.2 NAME	
STREET ADDRESS	~~815 NW 57TH AVE., #431~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33126~~	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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: X _____ X 1/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0182486 CP