FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

1995 MAR 17 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93 0000 13684

1. Corporation Name

CAPRICORN CONSTRUCTION CORPORATION

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 2124 SW 93 Ct. Suite, Apt. #, etc. 22 City & State 23 Miami, Florida Zip 24 33165 Country 25 USA	2a. Mailing Address 26 6800 SW 40 St. Suite, Apt. #, etc. 27 # 163 City & State 28 Miami, Florida Zip 29 33155 Country 30 USA

3. Date Incorporated or Qualified: 2-15-93
3a. Date of Last Report: 3-94

4. FEI Number: 65-039-3505 ☐ 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

10. Name and Address of New Registered Agent

81 Name: Hector Castro
82 Street Address (P.O. Box Number is Not Acceptable): 2124 SW 93 Ct.
83
84 City: Miami FL 85 Zip Code: 33165

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] Hector A. Castro, President 3-9-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE President 1.2 NAME Hector A Castro 1.3 STREET ADDRESS 2124 SW 93 Ct. 1.4 CITY-ST-ZIP Miami, Florida 33165 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE Vice-President 2.2 NAME Margarita O. Castro 2.3 STREET ADDRESS 2124 SW 93 Ct. 2.4 CITY-ST-ZIP Miami, Florida 33165 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE Secretary-Treasurer 3.2 NAME Alexis Castro 3.3 STREET ADDRESS 2124 SW 93 Ct. 3.4 CITY-ST-ZIP Miami, Florida 33165 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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-03/21/95--01079--002
****200.00 ****200.00

800001434778
-03/21/95--01079--003
******8.75 ******8.75

800001434778
-03/21/95--01079--004
******5.00 ******5.00

3-17

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)(k), 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] Hector A. Castro, President 3-9-95 (305) 226-5628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number