

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000013684 (4)

1. Corporation Name:

CAPRICORN CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

2450 SW 137 AVENUE
SUITE 211
MIAMI FL 33175
US

2450 SW 137 AVE
SUITE 211
MIAMI FL 33175
US

2. Principal Place of Business

21 2883 SW 69 CT

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33155

Country

25 U.S.A.

2a. Mailing Address

26 2883 SW 69 CT

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33155

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CASTRO, HECTOR
2124 S.W. 93RD COURT
MIAMI FL 33165

3. Date Incorporated or Qualified

02/15/1993

4. FEI Number

65-0393505

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

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

Signature type: For printed name of registered agent and that applicable

(NOTE: Registered Agent Signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CASTRO, HECTOR A	
STREET ADDRESS	2124 S.W. 93RD COURT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CASTRO, MARGARITA O	
STREET ADDRESS	2124 S.W. 93RD COURT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CASTRO, ALEXIS	
STREET ADDRESS	2124 S.W. 93RD COURT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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

H. Castro

FILED
Jun 11 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)