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

Mailing Address

4400 BISCAYNE BLVD.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000041619 1. Corporation Name

Principal Place of Business

50 NW 176 ST

GOLDCAPS, INC.

| MIAMI FL 33169  |  | MIAMI FL 33137                           |                                | DO NOT WRITE IN THIS SPACE                                    |                            |  |
|---|--|--|--------------------------------|---|----------------------------|--|
| US  |  | US                                       |                                | 3. Date Incorporated or Qualifed                              | 7                          |  |
|   |  |  |                                | 06/07/1993  | <i>f</i>                   |  |
| 2. Principal Pla  | ace of Business                                    | 2a. Mailing Address                      |                                | 4. FEI Number   | Applied For                |  |
| 21  |  | 26                                       |                                | 65-0421431  | Not Applicable             |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                      |                                |   | \$8.75 Additional          |  |
| 22  |  | 27                                       |                                | 5. Certificate of Status Desired                              | Fee Required               |  |
| City & State  |  | City & State                             |                                | 6. Election Campaign Financing                                | <b>\$5.00</b> May Be       |  |
| 23  |  | 28                                       |                                | Trust Fund Contribution                                       | Added to Fees              |  |
| Zip   | Country  | — — — —                                  | Country                        | 8. This corporation owes the current year I                   | ntangible                  |  |
| 24  | 9. Name and Address of Current Registered Agent    |  |                                | Personal Property Tax.  10. Name and Address of New Registere |                            |  |
|   | 9. Name and Address of Curre                       | nt Registered Agent                      | 81 Name                        | TV. Name and Address of New Registers                         | a Agent                    |  |
| TABERNILLA, ARMANDO A   |  |  | G                              | illespie, Carol J.  |                            |  |
| 4400 BISCAYNE BLVD.   |  |  |                                | ress (P.O. Box Number is Not Acceptable)                      | · :,                       |  |
| MIAMI FL 33137  |  |  | 83                             | 400 Biscayne Boulevard  |                            |  |
|   |  |  |                                |   |                            |  |
| }   |  |  | 84 City                        | <sub>fami</sub> F   | L 85 Zip Code 33137        |  |
| 11 Purguant t   | on the provisions of Sections 607 05               | 02 and 607 1508 Florida Statutes ti      |                                | Tami  | of changing its registered |  |
| 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 objection for 0505, Florida Statutes. |  |  |                                |   |                            |  |
| 1   | n familiar with, and accept the oblig              | ations of Section 607.0505, Florida      | Plaintes.                      | illumio Que 1   | V 1999                     |  |
| SIGNATURE   | Signature, typed or printed name of registered ag- | ent and title if applicable. (NOTE: Regi | stered Agent signature require | ad when reinstating) DATE                                     | <u> </u>                   |  |
| 12.   | OFFICERS A   | ND DIRECTORS                             | 13.                            | ADDITIONS/CHANGES TO OFFICERS                                 |                            |  |
| TITLE   | DS   | ☐ DELETE                                 | 1.1 TITLE                      | •   | ☐ Change ☐ Addition        |  |
| NAME  | TABERNILLA, ARMANDO A                              |  | 1.2 NAME                       | SEE ATTACHED  | ·                          |  |
| STREET ADDRESS  | 8800 NW 36 STREET                                  |  | 1.3 STREET ADDRESS             |   |                            |  |
| CITY-ST-ZIP   | MIAMYFE  |  | 1.4 CITY-ST-ZIP                |   | ☐ Change ☐ Addition        |  |
| TITLE   | DVP  |  | 2.1 TITLE                      |   | ☐ Change ☐ Addition        |  |
| NAME  | PFENNIGER, RICHARD C                               |  | 2.2 NAME                       |   |                            |  |
| STREET ADDRESS  | 8800 X W 36TH STREET                               |  | 2.3 STREET ADDRESS             | •   | •                          |  |
| CITY-ST-ZIP   | MIAMI FL   |  | 2.4 CITY-ST-ZIP                |   | Change Addition            |  |
| TITLE   | DP\  | _  | 3.1 TITLE                      | 1 ,   | Country Change             |  |
| NAME  | LUKAS STEPHEN                                      |  | 3.2 NAME                       |   | <u>م</u> ي سب              |  |
| STREET ADDRESS  | 50 N W 176 STREET                                  |  | 3.3 STREET ADDRESS             |   |                            |  |
| CITY-ST-ZIP   | MIAMI FL   |  | 3.4. CITY-ST-ZIP<br>4.1 TITLE  | <u> </u>  | ☐ Change ☐ Addition        |  |
| TITLE   | EVP  | - Decere                                 | 4.2 NAME                       |   |                            |  |
| NAME  | LUKAS, STEPHEN RICHAR                              | 1  | 4.3 STREET ADDRESS             |   |                            |  |
| STREET ADDRESS  | 50 NVX 176 STREET<br>MIAMI FL                      | i  | 4.4 CITY-ST-ZIP                |   |                            |  |
| CITY-ST-ZIP<br>TITLE  | T.   |  | 5.1 HTLE                       |   | ☐ Change ☐ Addition        |  |
| NAME  | ZINZ), ANDREW                                      | _  | 5.2 NAME                       |   |                            |  |
| STREET ADDRESS  | 8800 N.W 36TH STREET                               |  | 5.3 STREET ADDRESS             | •   |                            |  |
| CITY-ST-ZIP   | MIAMI/FL   | j  | 5.4 CITY-ST-ZIP                |   |                            |  |
| TITLE   | AS \   | ☐ DELETE                                 | 6.1 TITLE                      |   | ☐ Change ☐ Addition        |  |
| NAME  | RUBIN, DORA B                                      |  | 6.2 NAME                       |   |                            |  |
| 1   |  |  | Ţ.                             |   | i i                        |  |

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

8800 N.W 36TH STREET

MIAMI/FL

Carol J. Gillespie

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 reped 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, with all other like empowered.

**FILED** 

Secretary of State

03-05-1999 90121 039 \*\*\*150.00

Mar 05, 1999 8:00 am

305-575**-**6037

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## 1999 FLORIDA CORPORATION ANNUAL REPORT GOLDCAPS, INC. Question 13

P Henein, Rafick G. 4400 Biscayne Boulevard, Miami, FL 33137

D/VP Flanzraich, Neil 4400 Biscayne Boulevard, Miami, FL 33137

D/S Gillespie, Carol J. 4400 Biscayne Boulevard, Miami, FL 33137

VP Beier, Thomas E. 4400 Biscayne Boulevard, Miami, FL 33137

VP Hanson, John 4400 Biscayne Boulevard, Miami, FL 33137

T Siegel, Jordan 4400 Biscayne Boulevard, Miami, FL 33137

AS Nation, Marianne Hurd 4400 Biscayne Boulevard, Miami, FL 33137