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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

550 N.E. 43RD ST.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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POMPANO BEACH FL 33064

DOCUMENT #

P93000050785 (3)

Corporation Name

CAPRI ENTERPRISES, INC.

Principal Place of Business Mailing Address

> 550 N.E. 43RD ST. POMPANO BEACH FL 33064

2a. Mailing Address

City & State

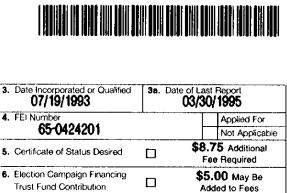
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Suite, Apt. #, etc

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AGUILAR, ROSA 550 N.E. 43RD ST. POMPANO BEACH FL 33064

25

Country

9. Name and Address of Current Registered Agent

untry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
T	10. Name and Address of New Registered Agent				
B1	Name				
B2	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City 85 Zio 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.

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SIGNATURE Stynistics, bysict or product name of registered agons are title 1 populable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 12		
DICE	V DELE	TE 1. 1 TITLE	☐ Change	Addition		
NAME	AGUILAR, MARIO	1.2 NAME				
STEELLADDRESS	550 N.E. 43RD ST.	1.3 STREET ADDRESS				
CITY ST-ZIP	POMPANO BEACH FL 33064	1.4 CITY-ST-ZIP				
Title	DPST □ DELE	TE 2 1 TITLE	☐ Change [Addition		
NAME	AGUILAR, ROSA M	2.2 NAME				
STHEET ADDRESS	550 N.E. 43RD ST.	2 3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33064	2 4 CITY-ST-ZIP				
Tritt	☐ DELE	TE : 3. 1 TITLE	Change [Addition		
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STREET ADDRESS		3.3 STREET ADDRESS				
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STHEFT ADDRESS		4.3 STREET ADDRESS				
CIY-SI-Z-P		4.4 CITY - ST - ZIP				
1 ILE	☐ DELE	TE 5 1 TITLE	Change [Addition		
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STREET ADDRESS		5 3 STREET ADDRESS				
City Sr - 7iP		5.4 CITY - ST - ZIP				
THILE	☐ Ditte	TE 6 1 TITLE	Change [Addition		
NAM:		62 NAME				
STREET ADDRESS		6 3 STREET ADDRESS				
Cily-St-7iP		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 cath, 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 if changed, or on an attachment with an address.

SIGNATURE:

2-20-96 Destrue Prove

CR2E034 (12/95)