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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000059741

CAPRICO INTERNATIONAL INC.

| Principal Place of Business | Mailing Address | |
|--|--|--|
| 4020 GALT OCEAN DRIVE #102 FT. LAUDERDALE FL 33308 | 4020 GALT OCEAN DRIVE #102 Ft. Lauderdale Fl 33308 | |

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90036 036 ***150.00



| Principal Place | e of Business | Mailing Address | | | | ii \$\$113 \$2111 \$6161 \$1110 12111 12211 | | |
|--|---|----------------------------------|--|---|---|---|-----------------|--------|
| , | | 4020 GALT OCEAN DRIVE | | | | | | |
| #102 #102 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 | | | | DA MOT MIDITO IN THIS SPACE | | | | |
| | | | | DO NOT WRITE IN THIS SPACE | | | | |
| US | | U\$ | | | 3. Date Incorporated or Qualif | | į | l |
| | | | | | 08/26/1993 | | plied For | 1 |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4, FEI Number | | t Applicable | 900 |
| 21 | | 26 | | | 65-0427720 | | Additional | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | e General Fee Ro | | l |
| 22 | | 27 | | | | | | |
| | | City & State | & State | | 6. Election Campaign Financi | | May Be | |
| 23 | | 28 | | | Trust Fund Contribution | | to Fees | ļ |
| Zip | Country | Zip | Cour | itry | 8. This corporation owes the | current year Intangible , ☐ Yes | □No | İ |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | | | ł |
| | 9. Name and Address of Curren | t Registered Agent | - | 84 11 | 10. Name and Address of Ne | W Registered Agent | | ĺ |
| | . • | | | 81 Name | | | | |
| | CK, GLORIA | | ŀ | 82 Street Add | Iress (P.O. Box Number is Not Acc | eptable) | | ļ |
| 4020 | GALT OCEAN DR., #102 | | Į | | · · · · · · · · · · · · · · · · · · · | en talan ar abah da 1911 telah da | untai ivai ikki | ļ |
| FT. f | LAUDERDALE FL 33308 | | | 83 | 다. 화를 등 학생들이 되었다는 것이 되었다. 다 상당한 학생들이 함께 가는 것이 되었다. | | | |
| | | | | 84 City | * 1450 [198] 198 193 [20] (20] (20] (20] (20] (20] (20] (20] (| 85 Zip | Code | 1 |
| | | | | OH City | | FL " " | | |
| 11 Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statu | ites, the at | ove-named cor | poration submits this statement for | the purpose of changing its | registered | |
| - Finance | to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations. | of Florida, Such change was a | aumonzeu | DV LITE CUIDOLAL | ion's board of directors. I hereby a | ccept the appointment as re | gistered | |
| ; (agent.ii a | m familiar with, and accept the obliga | MOUS OF Section CO. 10003, 1 K | orida otate | | | | | ļ |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. (NOT | E: Registered | Agent signature requir | red when reinstating) / / () | DATE | | l a |
| 12. | | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO | | | 11/08) |
| TITLE | D | ☐ DELETE | 1.1 TIT | LE | a : 0.107.128 9 | Change | ☐ Addition | Ė |
| NAME | BLACK, GLORIA | | 1,2 NA | ME . | 2727430 | | | 5 |
| STREET ADDRESS | 3930 N.E. 5TH AVE. | | 1.3 ST | REET ADDRESS | | | | ũ |
| | OAKLAND PARK FL 33334 | | 14 CII | Y-ST-ZIP | | | | ၂ ် |
| CITY-ST-ZIP TITLE | UANLAND FARK FL 33334 | ☐ DELETE | 2.1 TII | | - | ☐ Change | ☐ Addition | ۱ ۷ |
| | | _ | 2.2 NA | ME | | | | ļ |
| NAME | | | | | | | | ì |
| STREET ADDRESS | | | 1 | | | | | 1 |
| CITY-ST-ZIP | | | 2.3 ST | REET ADDRESS | | | | |
| TITLE | | El DELETE | 2.3 ST 2. 4 CI | REET ADDRESS TY-ST-ZIP | | ☐ Change | ☐ Addition | 1 |
| NAME | TW S. T. | ☐ OELETE | 2.3 ST 2.4 CI 3.1 TIT | REET ADDRESS TY-ST-ZIP LE | | ☐ Change | Addition | - |
| 1, 1, 1, 11 | W. W. C. St. | ☐ DELETE | 2.3 ST 2.4 Cl 3.1 Tl ¹ 3.2 NA | REET ADDRESS TY-ST-ZIP LE ME | · | ☐ Change | Addition | 1 |
| STREET ADDRESS | IX VIII. | ☐ DELETE | 2.3 ST 2.4 Cl 3.1 Tfl 3.2 NA 3.3 ST | REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS | 以"他 <u>会"并立</u> 修护的 | | Addition | |
| 1, 1, 1, 2, | IX 7 Tues Office Constitution A. Tour Soft | | 2.3 ST 2.4 Cl 3.1 Tl1 3.2 NA 3.3 ST 3.4. Cl | REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP | | | | - |
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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, with all other like empowered.