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May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P93000077086 (5)

1. Corporation Name
CAPRI CORP.

Principal Place of Business	Mailing Address
2301 N.W. 24 AVE. MIAMI FL 33142 US	2301 N. W. 24 AVE. MIAMI FL 33142 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1993

4. FEI Number: 59-1424327 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 4030 NW 9 St.	26 4030 NW 9 St.
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A
City & State 23 Miami, Fl.	City & State 28 Miami, Fl.
Zip 24 33126 Country 25 U.S.A.	Zip 29 33126 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

GONZALEZ, ANTONIO
2301 NW 24 AVE.
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name: GONZALEZ ANTONIO
82 Street Address (P.O. Box Number is Not Acceptable): 4030 NW 9 St.
83
84 City: Miami, Fl. FL 85 Zip Code: 33126

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: Antonio Gonzalez — 4/24/98
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	GONZALEZ, ANTONIO		1.2 NAME	GONZALEZ ANTONIO	
STREET ADDRESS	2301 NW 24 AVE.		1.3 STREET ADDRESS	4030 NW 9 St.	
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY-ST-ZIP	MIAMI, FL.33126	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	GONZALEZ, JOHN		2.2 NAME	GONZALEZ JOHN	
STREET ADDRESS	2301 NW 24 AVE.		2.3 STREET ADDRESS	4030 NW 9 St.	
CITY-ST-ZIP	MIAMI FL 33142		2.4 CITY-ST-ZIP	MIAMI, FL.33126	
TITLE	STD	☐ DELETE	3.1 TITLE	STD	☐ Change ☐ Addition
NAME	GONZALEZ, CHARLES A		3.2 NAME	GONZALEZ CHARLES A	
STREET ADDRESS	2301 NW 24 AVE.		3.3 STREET ADDRESS	4030 NW 9 St.	
CITY-ST-ZIP	MIAMI FL 33142		3.4 CITY-ST-ZIP	MIAMI, FL.33126	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Antonio Gonzalez — 4/24/98 — (305)633-2222