SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000079229 (9)**

1. Corporation Name

CAPITAL ACCOUNTING SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
299 ALHAMBRA CR. SUITE 404 CORAL GABLES FL 33134	299 ALHAMBRA CR. SUITE 404 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 11/08/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 1000 Ponce De Leon Blvd.	26 1000 Ponce De Leon Blvd.
22 Suite, Apt. #, etc. Ste. 111	27 Suite, Apt. #, etc. Ste. 111
23 City & State Coral Gables Fl	28 City & State Coral Gables Fl
24 Zip 33134 25 Country Dade	29 Zip 33134 30 Country Dade

4. FEI Number: 65-0452483 — 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 has liability for intangibles tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SANTANA, ANA M
299 ALHAMBRA CR.
SUITE 404
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: SANTANA, ANA M.
82 Street Address (P.O. Box Number is Not Acceptable): 1000 Ponce De Leon Blvd. Suite 111
83
84 City: Coral Gables FL 85 Zip Code: 33134

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: ANA SANTANA DATE: 7/15/96.
Signature(s) typed for [illegible] (NOTE: Registered Agent's signature required when name is changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	☐ DELETE	11 TITLE	DPST	☒ Change ☐ Addition
NAME	SANTANA, ANA M		12 NAME	SANTANA, ANA M.	
STREET ADDRESS	299 ALHAMBRA CR., SUITE 404		13 STREET ADDRESS	1000 Ponce De Leon Blvd. Suite 111	
CITY-ST-ZIP	CORAL GABLES FL 33134		14 CITY-ST-ZIP	Coral Gables, Fl 33134	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANA SANTANA. 7/15/96 (305) 441-8291
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043512 CR