

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000004661 (2)

1. Corporation Name

CAPPRO INVESTMENTS, INC.



Principal Place of Business

Mailing Address

18495 S. DIXIE HWY
SUITE 253
MIAMI FL 33157
US

18495 S. DIXIE HWY
SUITE 253
MIAMI FL 33157
US

3. Date Incorporated or Qualified
01/20/1994

3a. Date of Last Report
08/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~THE LAW FIRM OF LAWRENCE J SPIEGEL CHARTD~~
~~343 ALMERIA AVE~~
~~CORAL GABLES FL 33134~~
N/A

81 Name Paul Emerson
82 Street Address (P.O. Box Number is Not Acceptable)
19800 SW 103CT Suite #101
83
84 City MIAMI FL 85 Zip Code 33157

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

Paul Emerson

V.P.

PAUL EMERSON

4/4/1996

Signature (typed or printed name of registered agent and the if applicable)

(Note: Registered Agent's signature required when not filing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CAIRO, J
STREET ADDRESS 18495 S. DIXIE HWY, SUITE 253
CITY-ST-ZIP MIAMI FL

TITLE VP
NAME EMERSON, P.
STREET ADDRESS 18495 S. DIXIE HWY, SUITE 253
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(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 secretary 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 to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/1996 235-5229

CR2E034 (3/96)