## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

- PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 POCUMENT # P9400004661 (2)

CAPPRO INVESTMENTS, INC.

Mailing Address Principal Place of Business 18495 S. DIXIE HWY 18495 S. DIXIE HWY SUITE 253 **SUITE 253** MIAMI FL 33157-6817 MIAMI FL 33157 3. Date Incorporated or Qualified 3a. Date of Last Report 01/20/1994 08/19/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0461432 Not Applicable 21 26 Suite, Apl. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28  $Z_{1D}$ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032 Yes Florida Statutes 29 30 24 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name EMERSON, PAUL 19800 SW 103RD CT 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 101 83 MIAMI FL 33157 64 City Zip 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 tem for with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little II applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE 1.1 TITLE TOLE CAPIRO, J NAM: 1.2 NAME 18495 S. DIXIE HWY, SUITE 253 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST. ZiP 1.4 CITY-ST-ZIP DELETE Addition Change 21 TITLE THE EMERSON, P. 22 NAME DAMI 18495 S. DIXIE HWY, SUITE 253 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34, CITY-ST-ZiP ERTY-ST-70 DELETE Change Addition 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CL: 4 - ST - 718 DELETE 1 D.F 5.1 TITLE NAME 5.2 NAME STEEL ADORESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP COT-ST ZIE DELETE 600002169606 -05/07/97--01059--078 Addition TITLE 6.1 TITLE NAM 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS \*\*\*174.00 6.4 CiTY-ST-ZiP

14. I do 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

SIGNATURE

CHY - \$1 - 7#

Neveo 23-APR-91 **305.** 2356133

**FILED** 

May 05 1997 8:00am

Secretary of State

(96/6)