


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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90052 030 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000012161					
1. Corporation Name CAPOTE & SONS TRANSPORT CORP.					
Principal Place of Business 5800 SW 177TH AVENUE #107 MIAMI FL 33193 US		Mailing Address 5800 SW 177TH AVE #107 MIAMI FL 33193 US			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/10/1994 4. FEI Number 65-0469739 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required. 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CAPOTE, NOEL 5800 SW 177TH AVENUE #107 MIAMI FL 33193			10. Name and Address of New Registered Agent 81 Name ARISTIDES GARCIA 82 Street Address (P.O. Box Number is Not Acceptable) 5800 SW 177TH AVENUE 83 Suite 107 84 City Miami FL 85 Zip Code 33193		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CAPOTE, JUAN		1.2 NAME	ARISTIDES GARCIA	
STREET ADDRESS	14150 SW 16TH ST.		1.3 STREET ADDRESS	5800 SW 177th Avenue, Suite 107	
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP	Miami, FL 33193	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CAPOTE, MAGALEY		2.2 NAME	NORMA GARCIA	
STREET ADDRESS	14150 SW 16TH ST.		2.3 STREET ADDRESS	5800 SW 177th Avenue, Suite 107	
CITY-ST-ZIP	MIAMI FL 33175		2.4 CITY-ST-ZIP	Miami, FL 33193	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		
NAME	CAPOTE, NOEL		3.2 NAME		
STREET ADDRESS	5800 SW 177TH AVENUE #107		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33193		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 in an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMA Garcia

2/22/99 (305) 752-5965

Date

Daytime Phone #

CR2E034 (11/98)