FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000013020 (0)**

1. Corporation Name
CAPITAL PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
10661 NORTH KENDALL DRIVE SUITE 216 MIAMI FL 33176	10661 NORTH KENDALL DRIVE SUITE 216 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10691 North Kendall Drive	26 P.O. Box 830970
Suite, Apt. #, etc. 22 Suite 112	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33176 Country 25 USA	Zip 29 33283 Country 30 USA

4. FEI Number: 65-0470023 — ☐ 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 intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ZALKIN, HENRY S
10661 NORTH KENDALL DRIVE
SUITE 216
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: Henry S. Zalkin
82 Street Address (P.O. Box Number is Not Acceptable): 10691 North Kendall Drive
83: Suite 112
84 City: Miami, 85 FL Zip Code: 33176

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 _____ DATE
(Signature, typed or printed name of registered agent, and title if applicable) (If not, Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	ZALKIN, HENRY S	12 NAME	
STREET ADDRESS	10661 NORTH KENDALL DRIVE, STE 216	13 STREET ADDRESS	10691 North Kendall Drive, Ste 112
CITY ST ZIP	MIAMI FL 33176	14 CITY ST ZIP	Miami, FL 33176
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	BLACK, ROBERT A	22 NAME	
STREET ADDRESS	10661 NORTH KENDALL DRIVE, STE 216	23 STREET ADDRESS	10691 North Kendall Drive, Ste 112
CITY ST ZIP	MIAMI FL 33176	24 CITY ST ZIP	Miami, FL 33176
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	ALVAREZ, SUSAN	32 NAME	
STREET ADDRESS	10661 NORTH KENDALL DRIVE, STE 216	33 STREET ADDRESS	10691 North Kendall Drive, Ste 112
CITY ST ZIP	MIAMI FL 33176	34 CITY ST ZIP	Miami, FL 33176
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Henry S. Zalkin Henry S. Zalkin 4/28/95 305-279-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

0103482 CP