## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #	P94000025225	(1)
1. Corporation Name		` '

U.S. CAPITAL INVESTMENT INC.

<u> </u>	ATTINE INVESTIGATION						
Principal Place	of Business	Mailing Address			1 10011021 110 10111 00111		125, 51115 11516 11516 5111 7247
175 FONTAINEBLEAU BLVD 175 FONTAIN STE 1-C STE 1-C MIAMI FL 33172 MIAMI FL 33		STE 1-C					
		MIAMI FL 33172			<ol><li>Date Incorporated or Qualif Q3/29/1994</li></ol>		te of Last Report 04/21/1995
	ace of Business	2a. Mailing Address			4. FEI Number 65-0476118		Applied For Not Applicable
Suite, Apt.	# ofc	Suite, Apt. #, etc.				. –	\$8.75 Additional
22	π, σια.	[27]			5. Certificate of Status Desired	g 🗀	Fee Required
City & State	e	City & State			6. Election Campaign Financin	ng 🔲	\$5.00 May Be
23		[28]	Cour		Trust Fund Contribution  8. This corporation has liability		Added to Fees
Zip <b>24</b>	Country 25	Zip 29	30	nt y		Yes No	tax tillder a 193 doz,
24	9. Name and Address of Cur		1991		10. Name and Address of N	ew Registered	J Agent
				81 Name			
IRIZARA	RY, JESUS R		-	82 Street Add	ress (P.O. Box Number is Not Acce	eptable)	
	NTAINEBLEAU BLVD		ļ				
STE 1-0				83			
MIAMI F	FL 33172		İ	84 City		FI	85 Zip Code
44 6	to the previsions of Sections 607.0	00 and 007 1509 Florida Statut	se the above	o named corno	vation submits this statement for th	e numose of c	hanging its registered office
or registe	red agent or both in the State of E	lorida. Such chance was authoriz	ea by the c	orporation's boa	ard of directors. I hereby accept the	appointment a	as registered agent. I am
	ith, and accept the obligations of, S	ection 607.0505, Florida Statutes					
SIGNATURE	Signature, typed or present name of registered a	gent and title diagosicable (NC	TÉ Bagistered	Agont signature require		DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AN	
TITLE	PT	<b>X</b> , DELETE	1 1 TI				Change Addition
NAME	NAVAS, LUIS D		1.2 NA				
STREET ADDRESS	318 W 14 ST			REET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33010	["] DELETE	1.4 CI 2. 1 1I	IV-ST-ZIP			Change Addition
TITLE NAME	VS IRIZARRY, CARMEN	[ ] b, ren	22 NA				
STREET ADDRESS	95 E 57 ST			REE1 ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33013		2 4 CI	IY-S1-ZIP			
TITLE	V	D DELETE	3 1 II	TLE P	RESIDENT RIZARRY, JESUS	0	🔀 Change 🙀 Addition
NAME	IRIZARRY, JESUS R.		3 2 N	ME #	RIZARRY, NESUS	/ C -	
STREET ADDRESS			3.3 \$	FREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL	T DELET		TY - ST - ZIP			Change Addition
TITLE		☐ DEFELE	4. 1 To 4.2 N/				C Ontrige C Processor
NAME OXECUTA ADDODGO				REET ADDRESS			
STREET ADDRESS			L	TY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELFIE	5 1 T				Change Addition
NAME		<del></del>	5 2 N	AME			
STREFT ADDRESS			538	REE LADORESS			
CITY - \$1 - 71P			540	TY - ST - 2/F			F1.0. F1.0.
TITLE		[] DELETE	6.11				Change Addition
NAME			62 N	1			
STREET ADDRESS				TREET ADDRESS			
City-St-ZiP			64C	7Y-S1-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 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 15 changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#-30-96 305-226-0570

CR2E034 (12/95)