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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P94000025225 (1)

U.S. CAPITAL INVESTMENT INC.

STE 1-C MIAMI FL 331	72	T/S FONTAINEBLEAU BI STE 1-C MIAMI FL 33172-4511	LVU			3. Date Incorporated or Qualified		ite of Last R	eport	
						03/29/1994	05/	01/1996		
2. Principal Place of Business 2a. Mailing Ac			Address			4. FEI Number	······································	Aŗ	plied For	
21		26	26			65-0476118		No	t Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Sta	te	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zip 29				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Re-	lstered .	Agent		
IRD	ZARRY, JESUS R			B1 N	ame					
175 FONTAINEBLEAU BLVD STE 1-C					82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33172				83		,				
			Ì	84 C	ty		FL	85 Zip	Code	
agent I. SIGNATURE	am familiar with, and accept the ol	bligations of, Section 607.0505,	Florida Statu	ites.		n's board of directors. I hereby accep	DATE			
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12	
NAME STREET ADDRESS	VS IRIZARRY, CARMEN 95 E 57 ST HIALEAH FL 33013	☐ DELETE		me Heet add	RESS 13	IZARRY, CARMEN 523 NW 8 St		Change	Addition	
CHY-ST-ZIP TITLE	B	DELETE		Y-S1-ZII	MI.	AMI FL 33182	·	Change	Addition	
NAME STREET ADDRESS		- breeze	2.1 TITI 2.2 NAI 2.3 STF		P IR: 13:	IZARRY, JESUS R 523 NW 8 ST		Villange	C Audition	
CITY - ST - ZIP	HIALEAH FL			Y-ST-Z		AMI FL 33182				
TITLE NAME		DELETE	3.1 TiTI 3.2 NAI					Change	Addition	
STREET ADDRESS			3.3 STF	REET ADD	RESS					
CHY-ST-ZIP			3.4. CI1	Y-ST-Z	>					
TI*LE		☐ DELETE	4.1 TiTl	LE				Change	Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STF	EET AOD	RESS					
Cift- S*- ZiP			4.4 CIT	Y-SI-ZH						
TITLE		DELETE	5.1 TITI	LE				Change	Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 STF	EET ADD	RESS					
DiTY+ST-ZIP			5.4 CIT	Y-\$T-Z#						
TITLE		DELETE	6 1 TITI		<u> </u>			Change	Addition	
NAME			62 NA	MF						
STREET ADDRESS				 Reet add	ness					

6.4 CHTY-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 of 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 if changed, or on an attachment with an address

FILED

Jan 29 1997 8:00am

Secretary of State