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

Mailing Address

175 FONTAINEBLEAU BLVD

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

175 FONTAINEBLEAU BLVD



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000025225 (1)

U.S. CAPITAL INVESTMENT INC.

STE 1-C   Miami Fl 33172						STE 1-C MIAMI FL 33172							DO NOT WRITE IN THIS SPACE						
mirror TE VVITE						MICHAEL WITE							3. Date Incorporated or Qualified						
													0	3/29/1994					
L	Principal P	lace of Busi	ness		2	2a. Mailing Address						4. FEI Number					Ap	olied For	
21						26						65-0476118			*****		No	Applicable	
22	Suite, Apt.	ot, #, etc.				Suite, Apt. #, etc.						<b>5.</b> Ce	rtificate of Status De	sired		\$8.75 Additional Fee Regulred			
23	City & Stat	lale				City & State								ction Campaign Fin st Fund Contribution	F-~~	\$5.00 May Be Added to Fees			
23	Zip	Country								Country			-	<del></del>	·			· · - · · · · · · · · · · · ·	
24	_ •	25				29 30							8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No						
	<del> </del>	9. Name	d Agent	1001					10. Name and Address of New Registered Agent										
IRIZARRY, JESUS R									81 Name									•	
175 FONTAINEBLEAU BLVD						ŀ				2	Stroot	ot Addrore (P.O. Roy Number is Not Assentable)							
STE 1-C						8					Silber	at Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33172								83											
									8	4	City				F	85	Zip (	ode	
1	1. Pursuant	to the provis	ions	of Sections 60	7.0502 and State of Flo	607.1	508, Florida Statu	utes, t	the abo	L Νθ·	-named	corpo	ration su	bmits this statemen	for the purpose	of chang	ing its	registered	
	agent. I a	ım <b>fam</b> iliar w	ith, a	nd accept the	obligations	ol, So	clion 607.0505, F	lorida	a Statut	es.		porano	TO DOG!	a ar ancolora: Triale	by docopy the di	spon in io		ogiolorea	
s	IGNATURE															,			
١.,	^	Signature, typed	or prin	OFFICER	od agent and to S AND DIRI			TE: Re	gistered A	gen	it signature	required	when reins	lating) ITIONS/CHANGES	DATE	ID DIDEC	TOP	2 INI 12	
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l	AME	IRISARI	RY. J	IESUS R.					2.2 NAM									-	
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l	ITY-\$T-ZIP	MIAMI		• • · · · · · · · · · · · · · · · · · ·					2. 4 CITY										
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l N	AME								3.2 NAM		٧	$\mathbf{R}_{i}$	amon	A. Iriza	arrv				
s	TREET ADDRESS							ı	3.3 STRE	E1 A	ADDRESS			NW 8 St					
1	ITY-ST-ZIP								3.4. CITY				iami		182				
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s	TREET ADDRESS								4.3 S1RE	E3 A	ADDRESS			NW 8 St					
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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 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 Block 12 or Block 13 if changed in op an attachment with an address.													iniormation t I am an						
	officer or Block 12	director of the or Block 13 i	ne co If cha	rporalist or the needs or on ar	e receiver o attachmer	r trust t with	ee empowered to an address.	exec	cule/ihi	s re	eport as	s requir	ed by C	hapter 607, Florida	Statutes; and tha	t my nam	e apr	ears in	

1-9-98

**FILED** 

Jan 20 1998 8:00am

Secretary of State