SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:22

DOCUMENT # **P94000025938 (9)**

1. Corporation Name
CAPUCHINO, INC.

Principal Place of Business	Mailing Address
~~601 SOUTH DR~~ ~~MIAMI SPRINGS FL 33166~~	~~601 SOUTH DR~~ ~~MIAMI SPRINGS FL 33166~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21 4441 N.W. 36thStreet
22 Suite, Apt. #, etc.
23 City & State: Miami Springs, Fl
24 Zip: 33166
25 Country: USA

2a. Mailing Address
26 4441 N.W. 36 Street
27 Suite, Apt. #, etc.
28 City & State: Miami Springs, Fl
29 Zip: 33166
30 Country: USA

4. FEI Number: 65-0481645 ☐ 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

~~CARLSON, ALEX E ESQ~~
~~145 CURTISS PARKWAY~~
~~MIAMI SPRINGS FL 33166~~

10. Name and Address of New Registered Agent

81 Name: Les Rance
82 Street Address (P.O. Box Number is Not Acceptable): 4441 N.W. 36th Street
83
84 City: Miami Springs, FL 85 Zip Code: 33166

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: [signature] DATE: 7/27/95
Signature, typed or printed name of registered agent and title if applicable: LES RANCE (Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HOLZHAUSEN, VANIA F ~~601 SOUTH DR~~ MIAMI SPRINGS FL 33166	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition DIR/Pres Holzhausen, Vania F 1950 Sunrise Dr Meritt Island, Fl 32952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVS~~ ~~LO, HELEN~~ ~~601 SOUTH DR~~ ~~MIAMI SPRINGS FL 33166~~	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition Dir/ Sec/Treas. Les Rance 4441 N.W. 36th Street Miami Springs, Fl 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DT~~ ~~LI, FEI CHONG~~ ~~5 LUDLAM DR~~ ~~MIAMI SPRINGS FL 33166~~	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition D Peter Meredew 4441 N.W. 36 Street Miami Springs, Fl 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition D Donald Lappage 401 Leslie Dr., Hallandale, fl 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition D Alessi Fernando 891 S.E. 1st Street Hialeah, Fl 33010
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 13 if changed, or on an attachment with an address.

SIGNATURE: Vania F. Holzhausen July 27, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ANNUAL REPORT — Date — Daytime Phone #
VANIA F. HOLZHAUSEN

CR2E034 (3/95)

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