FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000025938 (9)**

1. Corporation Name
CAPUCHINO, INC.

Principal Place of Business
4441 NW 36TH ST
MIAMI SPRINGS FL 33166
US

Mailing Address
4441 NS 36TH ST
MIAMI SPRINGS FL 33166
US

3. Date Incorporated or Qualified: **04/04/1994**
3a. Date of Last Report: **08/04/1995**

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 Country — 30

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**
RANCE, LES
4441 NW 36THS Y
MIAMI SPRINGS FL 33166

10. **Name and Address of New Registered Agent**
81 Name: Holzhausen, Vania
82 Street Address (P.O. Box Number is Not Acceptable): 4441 NW 36TH ST.
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: Vania F. Holzhausen
Signature (Type or printed name of registered agent and title if applicable) — (NOTE: Registered Agent signature required for filing) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP NAME: HOLZHAUSEN, VANIA F STREET ADDRESS: 1950 SUNRISE DR CITY-ST-ZIP: MERRITT ISLAND FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DST NAME: RANCE, LES STREET ADDRESS: 4441 NW 36THS T CITY-ST-ZIP: MIAMI SPRINGS FL	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: MEREDOW, PETER STREET ADDRESS: 4441 NW 36TH ST CITY-ST-ZIP: MIAMI SPRINGS FL	☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: LAPPAGE, DOANLD STREET ADDRESS: 401 LESLIE DR CITY-ST-ZIP: HALLANDALE FL	☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: FERNANDO, ALESSI STREET ADDRESS: 891 SE 1ST ST CITY-ST-ZIP: HIALEAH FL	☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 200001859812 -06/12/96--01059--003 ***233.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 6-12-96 REB

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.

(305) 882-8877

SIGNATURE: Vania F. Holzhausen — VANIA F. HOLZHAUSEN — MAY 5, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)