

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 12 1996 8:00 am
Secretary of State

DOCUMENT # P94000055253 (6)

CAPITAL SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business:	Mailing Address:
7154 N UNIVERSITY DR SUITE 250 FT LAUDERDALE FL 33179	7154 N UNIVERSITY DR SUITE 250 FT LAUDERDALE FL 33179

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip	25. Country	28. Zip	30. Country
24.		29.	

3. Date Incorporated or Qualified 07/26/1994	3a. Date of Last Report 05/01/1995
4. FID Number 65-0559625	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 net capital under s. 190.032 Florida Statutes. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	
THEISE, RAE	81 Name
7154 N UNIVERSITY DR	82 Street
SUITE 250	83
FT LAUDERDALE FL 33179	

10. Name and Address of New Registered Agent

Y MARGOLIN
ss (P.O. Box Number is Not Acceptable)
4 NORTH UNIVERSITY DRIVE
ITE 250
MARAC

FL 85 ZIP CODE
33179

11. Pursuant to the provisions of Sections 607 (b)(6) and 607 (b)(7) of the Florida Statutes, the above-named corporation, subjects this statement for the purpose of obtaining, in respect of, officers or registered agents or both, to the provisions of Florida Statute Chapter 607, as authorized by the corporation's board of directors. Thereby, it certifies that the information as set forth in agent information and, in respect of, officers of Section 607 (b)(6) of the Florida Statutes.

SIGNATURE ELY MARGOLIN

12.	DELETES AND DIRECTORS	13.
NAME	☒ DELETE	1. NAME
STREET ADDRESS		2. NAME
CITY, ST, ZIP		3. STREET ADDRESS
TITLE	☐ DELETE	4. CITY, ST, ZIP
NAME		5. TITLE
STREET ADDRESS		6. NAME
CITY, ST, ZIP		7. STREET ADDRESS
TITLE	☐ DELETE	8. CITY, ST, ZIP
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STREET ADDRESS		10. STREET ADDRESS
CITY, ST, ZIP		11. CITY, ST, ZIP
TITLE	☐ DELETE	12. TITLE
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CITY, ST, ZIP		15. CITY, ST, ZIP
TITLE	☐ DELETE	16. TITLE
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STREET ADDRESS		18. STREET ADDRESS
CITY, ST, ZIP		19. CITY, ST, ZIP
TITLE	☐ DELETE	20. TITLE
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TITLE	☐ DELETE	24. TITLE
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CITY, ST, ZIP		27. CITY, ST, ZIP
TITLE	☐ DELETE	28. TITLE
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TITLE	☐ DELETE	32. TITLE
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TITLE	☐ DELETE	52. TITLE
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TITLE	☐ DELETE	80. TITLE
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STREET ADDRESS		82. STREET ADDRESS
CITY, ST, ZIP		83. CITY, ST, ZIP
TITLE	☐ DELETE	84. TITLE
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STREET ADDRESS		86. STREET ADDRESS
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TITLE	☐ DELETE	88. TITLE
NAME		89. NAME
STREET ADDRESS		90. STREET ADDRESS
CITY, ST, ZIP		91. CITY, ST, ZIP
TITLE	☐ DELETE	92. TITLE
NAME		93. NAME
STREET ADDRESS		94. STREET ADDRESS
CITY, ST, ZIP		95. CITY, ST, ZIP
TITLE	☐ DELETE	96. TITLE
NAME		97. NAME
STREET ADDRESS		98. STREET ADDRESS
CITY, ST, ZIP		99. CITY, ST, ZIP
TITLE	☐ DELETE	100. TITLE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ELY MARGOLIN ☒ Change ☐ Add

DIRECTOR - PRESIDENT ☒ Change ☐ Add

ELY MARGOLIN
54 N. UNIVERSITY DR. SUITE 250
TAMARAC FL 33179

DIRECTOR - VICE PRESIDENT ☒ Change ☐ Add

BONAVENTURA RIPA
838 COLLINS AVE.
MIAMI BEACH FL 33141

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(3)(a), Florida Statutes. I further certify that the information included in the annual report or supplementary report is true and accurate and is signed in the presence of my signature staff. I have this same level of effect and made available to the public. I am not aware of the cooperation of the subject or further employment to execute the report as required by Chapter 612, Florida Statutes, and that this information is in book 12 of the Public Records or on an attachment to an agency.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

776 0222
954-~~374~~

CR2E034 (3/96)