SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Aug 12 1996 8:00 am
Secretary of State

DOCUMENT # **P94000055253 (6)**

1. Corporation Name

CAPITAL SERVICES OF SOUTH FLORIDA, INC.

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

Mailing Address:
7154 N UNIVERSITY DR
SUITE 250
FT LAUDERDALE FL 33179

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

3. Date Incorporated or Qualified: **07/26/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI 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 intangible tax under s. 199.032 Florida Statutes [ ] Yes [✓] No

9. Name and Address of Current Registered Agent

THEISE, RAE
7154 N UNIVERSITY DR
SUITE 250
FT LAUDERDALE FL 33179

10. Name and Address of New Registered Agent

81 Name: ELY MARGOLIN
82 Street Address (P.O. Box Number is Not Acceptable): 7154 NORTH UNIVERSITY DRIVE
83 SUITE 250
84 City: TAMARAC FL 85 Zip Code: 33179

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] ELY MARGOLIN

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THEISE, RAE 7154 N UNIVERSITY DR SUITE 250 FT LAUDERDALE FL 33179 [✓] DELETE	1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ELY MARGOLIN [✓] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR – PRESIDENT ELY MARGOLIN 7154 N. UNIVERSITY DR. SUITE 250 TAMARAC FL 33179 [✓] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR – VICE PRESIDENT BONAVENTURA RIPA 5838 COLLINS AVE. MIAMI BEACH FL 33141 [✓] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6 TITLE / NAME / STREET ADDRESS / 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 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: [signature] ELY MARGOLIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-776-0222

CR2E034 (3/96)