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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:37

DOCUMENT # **P94000067626 (9)**

1. Corporation Name
THE CAPELETTI CORPORATION

Principal Place of Business	Mailing Address
520 NW 165TH ST RD SUITE 102 MIAMI FL 33169	P O BOX 4651 HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	☐ Applied For ☐ Not Applicable
21 18905 OAKLAND HILLS DR.	26 18905 OAKLAND HILLS DR.	65-0539632	
22 Suite, Apt. #, etc.: N/A	27 Suite, Apt. #, etc.: N/A	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
23 City & State: MIAMI, FLORIDA	28 City & State: MIAMI, FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 33015 / 25 County: DADE	29 Zip: 33015 / 30 County: DADE	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRIEDMAN, WORMAN 520 NW 165TH ST RD SUITE 102 MIAMI FL 33169	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL / 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	CAPELETTI, DALE A	12 NAME	
STREET ADDRESS	18905 OAKLAND HILLS DR	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	14 CITY-ST-ZIP	DELETE
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	SCHEIBOR, FRITZ H	22 NAME	
STREET ADDRESS	1250 ADAMS ST	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	24 CITY-ST-ZIP	DELETE
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	VANDAM, DAVID E	32 NAME	
STREET ADDRESS	15460 BEDLINGTON RD E	33 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	34 CITY-ST-ZIP	DELETE
TITLE		41 TITLE	☐ Change ☑ Addition
NAME		42 NAME	DIRECTOR LUCILLE JR, CAPELETTI
STREET ADDRESS		43 STREET ADDRESS	18905 OAKLAND HILLS DR.
CITY-ST-ZIP		44 CITY-ST-ZIP	MIAMI, FL, 33015
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Lucille J Capeletti 4-9-95 305-822-4657
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0422702 FP