FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 FEB 15 AM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072727 (8)

1. Corporation Name
CAPITAL ONE, INC.

Principal Place of Business	Mailing Address
9735 N.W. 52ND STREET #401 MIAMI FL 33178	9735 N.W. 52ND STREET #401 MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1994
3a. Date of Last Report:

2. Principal Place of Business 21 3735 SW 8th Street	2a. Mailing Address 26 3735 SW 8th Street
Suite, Apt. #, etc. 22 201	Suite, Apt. #, etc. 27 201
City & State 23 Coral Gables FL	City & State 28 Coral Gables
Zip / Country 24 33134 / 25 Dade	Zip / Country 29 33134 / 30 Dade

4. FEI Number — ☑ 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

GARCIA, SERAFIN
9735 N.W. 52ND ST.
#401
MIAMI FL 33178

10. Name and Address of New Registered Agent

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	GARCIA, SERAFIN	12 NAME	
STREET ADDRESS	9735 N.W. 52ND ST. #401	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ARAGON, HECTOR	22 NAME	100001408471
STREET ADDRESS	13850 S.W. 100TH AVE.	23 STREET ADDRESS	-02/16/95--01114--010
CITY-ST-ZIP	MIAMI FL 33175	24 CITY-ST-ZIP	****200.00 ****200.00
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	TORRE, A L	32 NAME	
STREET ADDRESS	1106 PONCE DE LEON BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33175	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
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	

2/15/95 MB

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)(i), 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 added in an amendment with an address.

SIGNATURE: _____ 2-6-95 305-567-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100321 CR