

FILE NOW: FILING FEE AFTER **\$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 28 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # P94000072727 (8)**

1. Corporation Name

**CAPITAL ONE, INC.**

Principal Place of Business

**3735 SW 8TH STREET  
SUITE 208  
CORAL GABLES FL 33134**

Mailing Address

**3735 SW 8TH STREET  
SUITE 208  
CORAL GABLES FL 33134**



2. Principal Place of Business

**21 3727 SW 8TH STREET**

Suite, Apt. #, etc.

**22 SUITE 102**

City & State

**23 CORAL GABLES FL**

Zip

**24 33134**

Country

**25 USA DAOE**

2a. Mailing Address

**26 3727 SW 8TH STREET**

Suite, Apt. #, etc.

**27 SUITE 102**

City & State

**28 CORAL GABLES FL**

Zip

**29 33134**

Country

**30 USA DAOE**

3. Date Incorporated or Qualified

**10/04/1994**

3a. Date of Last Report

**02/15/1995**

4. FET Number

**APPLIED FOR 65-0531403**

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

Signature, typed or printed name of registered agent, if applicable

(If the Registered Agent signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE D  
NAME GARCIA, SERAFIN  
STREET ADDRESS 9735 N.W. 52ND ST. #401  
CITY-ST-ZIP MIAMI FL 33178**

☐ DELETE

**TITLE D  
NAME ARAGON, HECTOR  
STREET ADDRESS 13850 S.W. 100TH AVE.  
CITY-ST-ZIP MIAMI FL 33175**

☐ DELETE

**TITLE D  
NAME TORRE, A L  
STREET ADDRESS 1106 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL 33175**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Add on

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP**

**000001799140  
-04/29/96-01078-004  
\*\*\*200.00**

**CMC  
9/28/94**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SERAFIN GARCIA / PRESIDENT**

**(305) 567-1707**

DATE

DISBURSEMENT #

CR2E034 (12/95)