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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90061 029 ***158.75

DOCUMENT # P94000079409

1. Corporation Name

CAPRI DEVELOPMENT, CORP.

0/11/11/0	EVELOT MEITH, OOM			_						
Principal Place	e of Business	Mailing Address				f 198111881 118 181)() E\$ () GE)((
2450 S.W. 137	AVE	2450 S.W. 137 AVE								
205		205				O NOT WE	TE IN THIC	SDACE		
MIAMI FL 33175		MIAMI FL 33175 US			3. Date Incorporated	O NOT WRI	IE IN ITIIS	SFACE		
US		us				10/28/1994	or Qualited			
D	In a of Dunings	A. Mailing Address				4. FEI Number				Applied For
	lace of Business	2a. Mailing Address				**			\rightarrow	Not Applicable
21 Suita Ant	# 610	Suite, Apt. #, etc.				65-0618000				Additional
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.		-		Certificate of Statu	ıs Desired ·	X		Required
City & State		City & State				6. Election Campaig	n Financina		·\$5.0	O May Be
23		28				Trust Fund Contri				d to Fees
Zip	Country	Zip	Country	,		8. This corporation of		ent vear Int		
24	25	·	30		,	Personal Property			Yes	□No
241	9. Name and Address of Current		301			10. Name and Addre		Registered	Agent	
			81	Name	•					
LLAL	JRO, JUAN					(D.O. D. N. L	. NI-4 A1	-Liev	-	
3191	I S.W. 134TH COURT		82	Street	t Addres	ss (P.O. Box Number is	s Not Accepta	abie)		
MIAN	MI FL 33175		83							
ļ										
			84	City				FL	85 Zi	p Code
14 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	s the abov	e-namer	d corpora	ation submits this state	ment for the	purpose of	changing	its registered
office or n	egistered agent, or both, in the State of	of Florida. Such change was au	thorized by	the con	poration'	's board of directors. I	hereby accep	pt the appor	ntment as	registered
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was au	thorized by	the con	poration'	's board of directors. I	hereby accep	pt the appoi	ntment as	registered
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14. I hereby certify that the information supplied with this filing 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 chapter 607, or on an attachment with an address, with all other like empowered.

64 CTY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AUIKEU OFFICER OR DIRECTOR