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 MAY -1 AM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000084121 (0)**

1. Corporation Name
CAAP INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
10361 SW 147TH CT CIR. 22 MIAMI FL 33196	10361 SW 147TH CT CIR. 22 MIAMI FL 33196

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/17/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8117 N.W. 60th ST.	26 8117 N.W. 60th ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Miami, FL	28 Miami, FL
24 Zip 33166 / 25 Country USA	29 Zip 33166 / 30 Country USA

4. FEI Number: 65-0534172 ☐ 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	10. Name and Address of New Registered Agent
RIVERA Y DE PIEROLA , CARMEN Y 10361 SW 147TH CT CIR, 22 MIAMI FL 33196	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 8117 N.W. 60th ST. 83 84 City Miami FL 85 Zip Code 33166

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	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	RIVERA Y DE PIEROLA , CARMEN	12 NAME	Rivera Y de Pierola, Carmen Y.
STREET ADDRESS	10361 SW 147TH CT CIR, 22	13 STREET ADDRESS	8117 N.W. 60th ST.
CITY-ST-ZIP	MIAMI FL 33196	14 CITY-ST-ZIP	Miami, FL 33166
TITLE	~~VS~~	21 TITLE	VS ☐ Change ☒ Addition
NAME	~~APARICIO, MARTHA C~~	22 NAME	Rivera y de Pierola, Alberto
STREET ADDRESS	~~10361 SW 147TH CT CIR, 22~~	23 STREET ADDRESS	8117 N.W. 60th STREET
CITY-ST-ZIP	~~MIAMI FL 33196~~	24 CITY-ST-ZIP	Miami, Florida 33166
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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	

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 on an attachment with an address.

SIGNATURE: Rivera y de Pierola, Carmen 2-04-95 (305) 594-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0208260 CP