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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000084121 (0)

5575 NW 74TH AVE Miami Fl 33166 US	
	MIAMI FL 33166

FILED Apr 07 1998 8:00am Secretary of State

CAAP INTERNATIONAL CORPORATION DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/17/1994 4. FEI Number Applied For 65-0534172 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional $\Box X$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Yes □ No 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RIVERA Y DE PIEROLA, CARMEN Y 8579 NW 54TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33166 83 City Zip Code **B**5 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, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature regulred when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DPVS DELETE Change TITLE 1.1 TOLE RIVERA Y DE PIEROLA, CARMEN Y NAME 1.2 NAME **\$**575 NW 74TH AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-\$1-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 City-ST-ZiP DELETÉ Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation of the receiver or trystip empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes, or optimalishment with an address.

201/885-1122