FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000022312

1. Corporation Name

CAPE CORAL AMERICA, INC.

Principal	Place	of	Business

Mailing Address

FILED Mar 22, 1999 8:00 am **Secretary of State** 03-22-1999 90034 023 ***158.75

1890 S.W. 8TH ST., SUITE 502 IIAMI FL 33184	11890 S.W. 8TH ST Miami FL 33184	SUITE 502			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 03/20/1995		
2. Principal Place of Business	2a. Mailing Address			Ĩ	4. FEI Number	L	Applied For
	26				65-0704158		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State.		. 6Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip Country 4 25	Zip 29	Cou	ntry		reisonal rioporty rax.	Yes	
9. Name and Address of Curre	ent Registered Agent	1 1			10. Name and Address of New Registered A	gent	
CANTENS, GASTON			81	Name			
11890 S.W. 8TH ST., SUITE 502		82	2 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33184			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.

S	IGN	AT	1 JR	F

(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition □ DELETE 1.1 TITLE TITLE CANTENS, GASTON 1.2 NAME NAME 11890 S.W. 8TH ST., SUITE 502 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33184 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 2.1 TITLE 2.2 NAME CANTENS, TERESITA NAME 11890 S.W. 8TH ST., SUITE 502 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33184** CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition □ DELETE 3.1 TITLE TITLE CANTENS, FERNANDO 3.2 NAME NAME 11890 S.W. 8TH ST., SUITE 502 3,3 STREET ADDRESS STREET ADDRESS MIAMI FL 33184 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY+ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2F034 /11/98