

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000063173 (5)

1. Corporation Name

CAPITAL BUILDING PARTNERS, INC.



Principal Place of Business

520 BRICKELL KEY DRIVE
SUITE 0-301
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE
SUITE 0-301
MIAMI FL 33131

3. Date Incorporated or Qualified

08/16/1995

3a. Date of Last Report

2. Principal Place of Business

21 501 Brickell Key Drive

Suite, Apt. #, etc.

22 Suite 400

City & State

23 Miami, Florida

Zip

24 33131

Country
25 U.S.A.

2a. Mailing Address

26 501 Brickell Key Drive

Suite, Apt. #, etc.

27 Suite 400

City & State

28 Miami, Florida

Zip

29 33131

Country
30 U.S.A.

4. FET Number

☒ 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

SLOSBERGAS, NELSON
520 BRICKELL DRIVE
SUITE 0-301
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 SLOSBERGAS, NELSON

82 Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Drive

83 Suite 400

84 City
Miami,

FL

85 Zip Code
33131

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 and the principal

Signature typed or printed name of registered agent and the principal

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
ALI, AHMAD
STREET ADDRESS 520 BRICKELL KEY DRIVE #0-301
CITY-STATE-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME D
ORTIZ, ALEJANDRO
STREET ADDRESS 520 BRICKELL KEY DRIVE #0-301
CITY-STATE-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D
ALI, MOURAD
1.3 STREET ADDRESS 501 Brickell Key Drive, Suite 400
1.4 CITY-STATE-ZIP Miami, Florida 33131

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D
ORTIZ, ALEJANDRO
2.3 STREET ADDRESS 501 Brickell Key Drive, Suite 400
2.4 CITY-STATE-ZIP Miami, Florida 33131

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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***200.00

4/27/96 CWR

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

Ahmad Mourad Ali 4/17/96 374-0030

CR2E034 (12/95)