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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 20 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097380 (6)

CAPITAL HOLDING GROUP, INC.

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Principal Place of Business Mailing Address								1 1891/1087 110 18101 81411 81	FRI <b>di</b> dili <b>di</b> lili	<b>.</b>	ik bon ion
343 ALMERIA AVENUE CORAL GABLES FL \$3134				343 ALMERIA AVENUE CORAL GABLES FL 33134-5811							
	485.4							3. Date Incorporated or 12/27/1995	Qualified 3	a. Date of Last	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number			Applied For
21				26				NOT APPLICAB	NOT APPLICABLE Not Applicable		
I Suite, Apt. #. etc.				Suite, Apt. #, etc.				5. Certificate of Status D	esired		Additional
22				27						Fee	Required
City & State				City & State				6. Election Campaign Fi			O May Be
Zip Country				Zip Country			Trust Fund Contribution		7,000	d to Fees	
24] 26				<u>├</u>			/	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9, Name and Address of Curre			<del></del>				Florida Statutes Yes No  10. Name and Address of New Registered Agent				
ALIC		CHARTERED				81	Name	10. Haille dita Address	or now magnet	ored Agent	
343 ALMERIA AVENUE CORAL GABLES FL 33134						82	Street Ad	ddress (P.O. Box Number is No	l Acceptable)		
0011	AT CANDER	7 1 5 50 10 1				83					
						84	City			FL 85 Zq	p Code
11. Pursuant office or r	to the provisi	on; of Sections 607 ent, or both in the s	0502 and State of Flor	607.1508, Florida ida. Sych charge	Statutes, the a	boved by	e-named co y the corpo	orporation submits this stateme ration's board of directors. The eriLawyer. Charte	nt for the purporeby accept the	ose of changing e appointment a	its registered as registered
1	7	in, and accept the t	11/20					, ,			
SIGNATURE	Signature typed	or printed rame of register	ed a unt and M	in it applicable	Vrence_J (NOTE flagistere	a d Age	Splege en signature re	el, President quied when reinstating)	_4-2-97_	ATE	
12.		OFFICERS	AND DIRE		13.			ADDITIONS/CHANGES			DRS IN 12
TITLE	D	•		☐ DELF	E 1.1 Tr	TLE				Change	Addition
NAME	SANCHEZ, ELSIE					1.2 NAME					
STREET ADDRESS 349 ALMERIA AVENUE						TREE1	ADDRESS				
CITY-ST-ZIP	CORAL G	ABLES FL 33134				<u> 114 - 5</u>	T-2IP				
TITLE				☐ DELE	E 2.1 TI	ITLE				☐ Change	Addition
NAME					2.2 N	AME					
STREET ADDRESS					2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	- <del></del> -			T beve			ST-ZIP				
TITLE				L] DELET						☐ Change	Addition
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CITY-ST-ZIP TITLE				☐ DELET			S1 - ZIP			7.060	A alante o
NAME										L. Change	Addition
STREET ADDRESS					4.2 N		1000000		1	^	
					1		ADDRESS		or V	0/	
CITY-ST-ZIP TITLE			<del></del>	DELFT			T-ZIP		# <i>HH</i>	Change	Addition
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STREET ADDRESS							ADDRESS		`\\\`\	•	
CITY-ST-ZIP					5.4 CI		-		• /		
TITLE				☐ DELET			1-71r			☐ Change	Addition
NAME					6.2 N/			onnon:	2-2-11		nagmon
STREET ADDRESS							ADDRESS	80000; -06/04/97	⊥ لا لا المائمة المائمة 01091-	.⊸nni	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(4). Florida Statutes. I further certify that the information indicated on this annual report or supplementar annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that it am an officer or director of the corporation or the receiver of 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 aniaddress.

4-2-97 (305) 445-2700

6.4 CITY-\$1-7IP