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 # P9600000429 1. Corporation Name

CAPKO INVESTMENT CORP.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90115 048 ***150.00



Principal Place of Business Mailing Address					_					
4601 PONCE DE LEON BLVD. STE 300 4601 PONCE DE LEON CORAL GABLES FL 33146 CORAL GABLES FL 33										
							DO NOT WRITE IN THIS SPACE	_		
							3. Date Incorporated or Qualifed 01/03/1996			
2. Principal F	Place of Business	2a. Mai	iling Address				4. FEI Number Applied For	\dashv		
21		26					65-0632777 Not Applicat	ole		
Suite, Apt.	. #, etc.		te, Apt. #, etc.				\$8.75 Additional	-		
22		27					5. Certificate of Status Desired Fee Required			
City & Sta	te	City	/ & State				6. Election Campaign Financing \$5.00 May Be			
23		28					Trust Fund Contribution Added to Fees			
Zip 	Country	Zip		Cou	ntry		This corporation owes the current year Intangible			
24	25	29		30			Personal Property Tax. Yes No	_		
	9. Name and Address of Curre	nt Registered	d Agent		81	Name	10. Name and Address of New Registered Agent	\dashv		
FISH	HER, ISAAC K				01	Name				
	1 PONCE DE LEON BLVD. STE	300	1			Street Ac	ddress (P.O. Box Number is Not Acceptable)	\Box		
	RAL GABLES FL 33146		•							
					83		•	- }		
					84	City	E 85 Zip Code	\neg		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab					2016	-named co	od corporation submits this statement for the number of changing its registered			
office or i	egistered agent, or both, in the State	of Florida. Şı	uch change was ai	uthorized	by '	the corpora	ration's board of directors. I hereby accept the appointment as registered	'		
_	m familiar with, and accept the obliga-	ations of, Sec	tion 607.0505, Flor	ida Stati	ites.	•				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applic	cable. (NOTE:	Registered	Ageni	t signature regu	juired when reinstating) DATE	ļ		
12.	OFFICERS AF			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv		
TITLE	D		DELETE	1.1 TIT	LΕ		☐ Change ☐ Addi	tion		
NAME	FISHER, ISAAC K			1.2 NA	ME			ł		
STREET ADDRESS	4601 PONCE DE LEON BLVD.	STE 300		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33146			1.4 CIT	ry⊬st	-ZIP				
TITLE			☐ DELETE	2.1 111	LE		☐ Change ☐ Addi	iion		
NAME				2.2 NA	ME		Š.			
STREET ADDRESS				2.3 ST	REET	ADDRESS	والمعامل والمرابع والمعامل والمنافي والمناف والم والمناف والمناف والمناف والمناف والمناف والمناف والمناف والمن			
CITY-ST-ZIP				2. 4 CI	TY-SI	T-ZIP		ļ		
TITLE	***************************************		☐ DELETE	3.1 111	ſΕ		☐ Change ☐ Addi	üon		
NAME				3.2 NA	ME					
STREET ADDRESS				3.3 ST	REET	ADDRESS	•	}		
CITY-ST-ZIP				3.4. CI	TY-\$1	r-zip				
TITLE			☐ DELETE	4.1 TIT	LE	ĺ	☐ Change ☐ Addi	ion		
NAME				4, 2 NA	ME					
STREET ADDRESS				4.3 ST	REET	ADDRESS				
CITY-ST-ZIP				4.4 CIT	Y-ST	-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE			DELETE	5.1 TIT	LE		☐ Change ☐ Addi	ion		
NAME				5.2 NA	ME	1				
STREET ADDRESS				5.3 STI	REET.	ADDRESS				
CITY-ST-ZIP				5.4 CIT		-ZIP				
TITLE			☐ DELETE	6.1 TIT			Change Addit	ion		
NAME				6.2 NA	ME	}				

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 angular 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 en an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP