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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY - S1 - 718

SIGNATURE:

14. I do hereby certify that the information information indicated on this annual retam an officer or director of the corpappears in Block 12 or Block 13 if ct.



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000014280 (7)

HUMAN CAPABILITIES, INC.

Principal Place of Business Mailing Address 9401-COLLING AVENUE-#480 5401 COLLINS AVENUE #420 MIAMI BEACH FL 33141 MIAMI DEAOLI FL 00140 2601 3. Date Incorporated or Qualified 3a. Date of Last Report 02/15/1996 2. Principal Place of Rusiness 2s. Mailing Address 4. FEI Number Applied For 3400 CORAL WAY 65-0634347 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 600 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 MIAMI, FL Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Yes No 33145-3053 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GARCIA, L. M 5401 COLLINS AVENUE #420 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33141. 83 City 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. SIGNATURE (NOTE: Registered Agent eignature 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 96/6) 12. 13. PSD DELETE 1.1 TITLE Change ☐ Addition DICE GARCIA, L M 1.2 NAME CRZEG34 NAME 5401 COLLINS AVENUE #420 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 1.4 CITY-ST-ZIF CITY-ST-ZIF Change Addition DELETE T111.5 21 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP D(TY - \$1 DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHTY - ST - ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP DITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the face of the same legal effect as if made under oath; that preciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name