

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

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P96000022425 (8)**  
 1. Corporation Name  
**CAPRICHO INTERNATIONAL CORPORATION**



Principal Place of Business: 5025 NW 36TH ST, STE J112, LAUDERDALE LAKES FL 33319 US  
 Mailing Address: 4119 NO STATE ROAD 7, STE 8004, LAUDERDALE LAKES FL 33319 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date incorporated or Qualified: 03/12/1996  
 4. FEI Number: 65-0651080 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**AMERILAWYER CHARTERED**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
 81 Name: DR. ALICE ELAINE HARDMAN  
 82 Street Address (P.O. Box Number is Not Acceptable): 5025 N.W. 36TH STREET, SUITE J112  
 83  
 84 City: LAUDERDALE LAKES FL 85 Zip Code: 33319

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: *Alice Elaine Hardman, M.D.* ALICE ELAINE HARDMAN, M.D., PRESIDENT 4/24/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARDMAN, ALICE ELAINE DR.	
STREET ADDRESS	5025 NORTHWEST 36TH STREET, SUITE J112	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HARDMAN, PHILIP HOWARD	
STREET ADDRESS	5025 NORTHWEST 36TH STREET, SUITE J112	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HARDMAN, ELAINE MAHONE DR.	
STREET ADDRESS	5025 NORTHWEST 36TH STREET, SUITE J112	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BAXTER, OSCAR	
2.3 STREET ADDRESS	13353 FAIRWINDS DRIVE	
2.4 CITY-ST-ZIP	STRONGSVILLE, OHIO 44136	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: *Alice Elaine Hardman, M.D.* ALICE ELAINE HARDMAN, M.D. PRESIDENT 4/24/98 954-731-4918

CR2E034 (10/97)