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May 13 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 # P96000025794 (4)

1. Corporation Name  
CAPALBO & PARTNERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1001 BRICKEL BAY DRIVE  
SUITE 2310  
MIAMI FL 33131  
US

1001 BRICKEL BAY DRIVE  
SUITE 2310  
MIAMI FL 33131  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PIZZUTO, ANGELO  
1001 S. BAYSHORE DRIVE  
SUITE 1508  
MIAMI FL 33131~~

81

Name UGO V CHIARATO

82

Street Address (P.O. Box Number is Not Acceptable)  
220 71ST STREET-SUITE 213

83

84

City MIAMI BEACH FL 85 Zip Code 33141

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

*Ugo V Chiarato*  
Signature, type or print name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 13, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CAPALBO, ING F DR.  
STREET ADDRESS 1001 S. BAYSHORE DRIVE, SUITE 1508  
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE FTSD  
1.2 NAME CAPALBO, ING F  
1.3 STREET ADDRESS 1001 S. BAYSHORE DRIVE, SUITE 2310  
1.4 CITY-ST-ZIP MIAMI FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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:

APRIL 13, 1998

CR2E034 (10/97)