

05191999-90004-005-S1,172.50-S150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000025794**  
1. Corporation Name  
**CAPALBO & PARTNERS, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 19 AM 11:37



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
220 71ST ST  
SUITE 213  
MIAMI BEACH FL 33141

Mailing Address  
220 71ST ST  
SUITE 213  
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified  
**MARCH 12, 1996**

4. FEI Number  
**65-0754132**

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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

9. Name and Address of Current Registered Agent  
**CHIARATO, UGO V  
220 71ST ST STE 213  
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	<b>OFFICER</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>P/F/S/B</b>	<b>CAPALBO, FAUSTO</b>		
<b>STREET ADDRESS</b>	<b>220 71ST STREET - SUITE 213</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI BEACH FL 33141</b>	<b>1.4 CITY-ST-ZIP</b>	
	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>		<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>2.4 CITY-ST-ZIP</b>	
	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>3.4 CITY-ST-ZIP</b>	
	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>4.4 CITY-ST-ZIP</b>	
	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>5.4 CITY-ST-ZIP</b>	
	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>6.4 CITY-ST-ZIP</b>	

**11/19**

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, with all other like empowered.

SIGNATURE: *Ugo Chiarato* **SECRETARY** **APRIL 30, 1999** **(305) 868.7060 AFTER**

*Ugo Chiarato* **POA** **NOV 15, 1999** **(SECOND SIGNATURE)**

CP2004 (11-99)

Ugo V. Chiarato

Certified Public Accountant, Florida and New York

220 71st Street Suite 813  
Miami Beach, Florida 33141

305-861-8000 305-868-7060 Afternoon  
Voicemail / Fax 305-868-8900  
E-Mail: ulco @ Worldnet.att.net

CERTIFIED LETTER

Florida Dept. of State  
Division of Corporations  
Reinstatement Office  
P.O. Box 6327  
Tallahassee, Fl. 32314

Nov. 15, 1999

To the attention of Mr. Sean Tower

- 1) Following our to-day's conversation, I enclose herewith :
  - 8 originally signed Annual Reports amended as requested  
(non-profit Comites N 92000000681, Capalbo p 96000025794  
Eng. & Arch. P 97000021572 Multi Cons. P 97000021569  
Elenos P 94000008876 Optical St. P 96000054833  
Lapidis P 96000029568
- 2) As agreed, American Market Enterprise Inc. P 97000025533 is in good standing as shown in the attached Corp. Inquiry Public access. Please confirm explicitly.
- 3) In lieu of Furado Inc. P 96000044256 which shall be dissolved. please apply the available fee to Borsani Inc. P 94000071637
- 3) Please confirm that non-profit N9300003597 Miami Int'l Ch. of Commerce is in good standing.
- 4) Last but not least, you would oblige by stating the reasons why my client Traxis Inc. P 98000012231 F.E.I. 65-0817161 has been penalized despite having paid the fee on time. What is the ground of that \$ 550.- and your request for additional \$ 200.?

Let me thank you for solving the above problems, which had a dangerous potential for my relationship with clients. Looking forward to hearing from you, I remain,

Yours respectfully,

*Ugo V. Chiarato*

*Faculty University of Moans-Member, American and Florida Institute of Certified Accountants  
American Accounting Associations, The Institute of Internal Auditors, National Association of Accountants,  
Nationale Confederatie van het Kaderpersoneel / Confédération Nationale des Cadres (Belgium)*