PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation	CAPITAL CORPORATION	031083					
Principal Place	of Business	Mailing Address			T I I I I I I I I I I I I I I I I I I I	ier sinii enis	3 (U(UN 1161 4B))
5200 BLUE LAG STE. 890 MIAMI FL 3312 US	SOON DR	5200 BLUE LAGOON DR STE. 890 Miami Fl. 33126 US			DO NOT WRITE IN THIS S 3. Date Incorporated or Qualifed	PACE	
		2a. Mailing Address			04/04/1996 4. FEI Number	I A	oplied For
⊢ ¬ ·	ace of Business	2a. Mailing Address			65-0681282		ot Applicable
21 Suite, Apt.	# etc.	Suite, Apt. #, etc					Additional
22		27			5. Certificate of Status Desired	Fee Re	equired
City & State	9	City & State			6, Election Campaign Financing		Мау Ве
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country *ت [=	<u> </u>	8. This corporation owes the current year Intar	gible Yes	- No
24	9. Name and Address of Current	29 3	01		Personal Property Tax. 10. Name and Address of New Registered A		
- MORANTE, THOMASO F				Street Add	evinson Helvin 1 ress to dox Number is Not Acceptable) RESO FL FL	(1) : 85 35,	3126
SIGNATURE	to the provisions of Sections 697.0502, or both, in the State yer farbilities with, and accept the obligation of the state yes a state yet a section of the state yet a section of the state yet a section of the sectio	uno			poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint O - (-	7(-1	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND		RS IN 12 Addition
TITLE	D	DELETE	1.1 TITLE			Change	L J ADOKADIN
NAME	LEVINSON, MELVIN E MD		1.2 NAME				i
STREET ADDRESS	5200 BLUE LOGOON DR., STE.	890 ·	1	TADORESS			
CITY-ST-ZIP	MIAMI FL.	☐ DELETE	14 City-S	ST-ZIP		Change	Addition)
TITLE	D CHARGEE STEDISCH	C) NOTE IS	2.1 TITLE 2.2 NAME	İ		٠٠	
NAME	CHAKOFF, STEPHEN	070	1	TADORESS			
STREET ADDRESS	5200 Blue Logoon Dr., Ste. Miami Fl	0/0	2.4 CITY-1	ļ			
CITY-ST-ZIP	D)	DOELETE	3.1 TITLE	-		Change	☐ Addition
NAME	GOLDFARB, FRANK	_	32 NAME			•	1
STREET ADDRESS	5200 BLUE LOGOON DR., STE.	890	ŀ	TADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CITY-1	ST-ZIP			
mile		DELETE	4.1 TITLE			Change.	Addition.
NAME			4, 2 NAME				
STREET ADDRESS			4 3 STREE	TADORESS			
CITY-ST-ZIP			44 CITY-S	T-ZIP		<u></u>	Addition
TITLE		☐ DELETE	5.1 TITLE	.		Change	C) vicinion
NAME			5.2 NAME	TADDOESS			
STREET ADDRESS			5.3 STREE 5.4 CITY-S	T ADDRESS			ļ
CITY-ST-ZIP		DELETE	6.1 TITLE)·· ∠#*		Change	☐ Addition
NAME		- Section	6.2 NAME	Ì			_

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not adalify 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 address, with all plans like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90252 041 ***300.00