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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000060215

1. Corporation Name

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90015 014 ***150.00

CAPTAIN	i wholesale & export, ii	NC.	•				
						i i iki i i iki i i i i i i i i i i i i i i i i	
						! 	
Principal Place		Mailing Address					
20040 E. OAKMONT DRIVE 20040 E. OAKMONT DRIVE MIAMI FL 33015 MIAMI FL 33015							
MIAMI FL 33015 MIAMI FL 33015			DO NOT WRITE IN THIS SPACE				
	,			3. Date incorporated or Qua	alifed		
				07/17/1996			
2. Principal Pl	ace of Business	2a. Mailing Address	1/0 01	4. FEI Number			olied For
21 1965	1 Sw 168 St	26 19651 Su	o 168 St	65-0686003			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desir	ed 🔲	\$8.75 A	
City & State		City & State	<u> </u>	6. Election Campaign Finan	olna	\$5.00	
— · · ·	ini .71	28 Jeani	71	Trust Fund Contribution	Cirig	Added to	
Zip	Country	Zip	Country	8. This corporation owes the	e current year Ir		
24 3318		— id. — — —	30	Personal Property Tax.			□No
	9. Name and Address of Current			10. Name and Address of N	lew Registered	Agent	
מונם	ROSO, PEDRO		81 Name				
	10 E. OAKMONT DRIVE		82 Street Add	dress (P.O. Box Number is Not Ac	cceptable)		
	AI FL 33015				_		
MILAN	MI I E 33013		83				
			84 City		FI	85 Zip C	ode
			1 1				
44 D	to the provisions of Costons 607 0502	and 607 1508 Florida Statutos	the above named core	noration submits this statement for	or the nurnose o	of changing its	registered I
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes f Florida. Such change was aut	s, the above-named corporation	poration submits this statement for tion's board of directors. I hereby	or the purpose of accept the appo	of changing its ointment as re	registered gistered
11. Pursuant office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	and 607.1508, Florida Statutes f Florida. Such change was aut ons of, Section 607.0505, Florid	s, the above-named corporations of the corporation	poration submits this statement for tion's board of directors. I hereby	or the purpose o accept the appo	of changing its ointment as reg	registered gistered
SIGNATURE			s, the above-named corporation to the corporation of the corporation o		or the purpose of accept the appointment	of changing its ointment as rec	registered gistered
SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of FICERS AND	and title if applicable. (NOTE: F			DATE	AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Agent signature require	red when reinstating)	DATE	_	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND P BARROSO, PEDRO	and title if applicable. (NOTE: F	Registered Agent signature requin 13. 1.1 TITLE 1.2 NAME	red when reinstating) ADDITIONS/CHANGES To	DATE O OFFICERS A	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND P BARROSO, PEDRO 20040 E OAKMONT DR	and title if applicable. (NOTE: F	Registered Agent signature requin 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO	O OFFICERS A	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL	and title if applicable. (NOTE: F) DIRECTORS DELETE	Registered Agent signature requirements 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO	DATE O OFFICERS A	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP	and title if applicable. (NOTE: F	Registered Agent signature requirements 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO	O OFFICERS A	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA	and title if applicable. (NOTE: F) DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	DATE O OFFICERS A SH B3187	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA 20040 E OAKMONT DR	and title if applicable. (NOTE: F) DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	SH SH SH	Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 3-CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA	and title if applicable. (NOTE: F) DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.5 CITY-ST-ZIP 2.7 CITY-ST-ZIP 2.8 CITY-ST-ZIP 2.9 CITY-ST-ZIP 2.9 CITY-ST-ZIP 2.9 CITY-ST-ZIP 2.1 CITY-ST-ZIP 2.1 CITY-ST-ZIP 3. CITY-ST-ZIP 4. CITY-ST-ZIP	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	DATE O OFFICERS A SH B3187	Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 3-CITY-ST-ZIP TITLE	P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA 20040 E OAKMONT DR	and title if applicable. (NOTE: F) DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	SH SH SH	Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 3 CITY-ST-ZIP TITLE NAME	P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA 20040 E OAKMONT DR	and title if applicable. (NOTE: F) DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 5.2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	SH SH SSH	Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SCITY-ST-ZIP TITLE NAME STREET ADDRESS	P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA 20040 E OAKMONT DR MIAMI FL	and title if applicable. (NOTE: F) DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	SH SH SSH	Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 3 CITY-ST-ZIP TITLE NAME	P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA 20040 E OAKMONT DR MIAMI FL	and title if applicable. (NOTE: F) DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 5.2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	SH SH SSH	Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA 20040 E OAKMONT DR MIAMI FL	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	SH SH SSH	Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA 20040 E OAKMONT DR MIAMI FL	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	SH SH SSH	Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA 20040 E OAKMONT DR MIAMI FL	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	SH SH SSH	Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA 20040 E OAKMONT DR MIAMI FL	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE	Registered Agent signature requir 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	SH SH SSH	Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA 20040 E OAKMONT DR MIAMI FL	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE	Registered Agent signature requir 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	SH SH SSH	Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA 20040 E OAKMONT DR MIAMI FL	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE	Registered Agent signature requir 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	SH SH SSH	Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA 20040 E OAKMONT DR MIAMI FL	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent signature requir 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	SH SH SSH	Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA 20040 E OAKMONT DR MIAMI FL	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	SH SH SSH	Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA 20040 E OAKMONT DR MIAMI FL	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 62 NAME	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	SH SH SSH	Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BARROSO, PEDRO 20040 E OAKMONT DR MIAMI FL VP BARROSO, ALEXA 20040 E OAKMONT DR MIAMI FL	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ADDITIONS/CHANGES TO 9651 Sw 168 Yearni (71 &	SH SH SSH	Change Change Change	RS IN 12 Addition Addition Addition

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 attachapent with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPEF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR