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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000083191 (2)

Country

CAPRICE GROUP, INC.

Principal Place of Business 11430 S.W. 103 STREET MIAMI FL 33176

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

21

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Zìp

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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11430 S.W. 103 STREET MIAMI FL 33176

FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Yes

Not Applicable

 Date Incorporated or Qualified 10/04/1996

65-0791275

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

4. FEI Number

9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
GUTSTEIN, MARGARITA				31	Name						
11430 S.W. 103 STREET			8:	82 Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33176			_	_							
			8:	3							
			84	4	City		FL	85	Zip Co	ode	
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											
Signature, typed or printed name of registered agent and liftle if applicable, (NOTE: Registered Agent signature required when rehistating) DATE OCTIONS AND DIRECTORS											
12.				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						IN 12	
TITLE	PD	DELETE	1.1 TITLE		ŀ			Cha	пде	Addition	
NAME	GUTSTEIN, JOSE		1.2 NAME								
STREET ADDRESS	11430 S.W. 103 STREET		1.3 STREE	ET A	DDRESS						
CITY-ST-ZIP	MIAMI FL 33176	· <u></u>	1.4 CITY-	- ST-	ZIP						
TITLE	D	DELETE	2.1 TITLE					☐ Cha	inge	Addition	
NAME	GUTSTEIN, MARGARITA		2.2 NAME	E							
STREET ADDRESS	11430 S.W. 103 STREET		2.3 STREE	ET A	DDRESS					İ	
CITY-ST-ZIP	MIAMI FL 33176		2. 4 CITY-	-ST	- ZIP						
TITLE	D	☐ DELETE	3.1 TITLE	:				Cha	inge	Addition	
NAME	GUTSTEIN, MIRON		3.2 NAME	Ε	ļ						
STREET ADDRESS	11430 S.W. 103 STREET		3.3 STREE	ET AI	DDRESS						
CITY-ST-ZIP	MIAMI FL 33176		3.4. CITY-	-ST	- ZIP						
TITLE		☐ DELETE	4.1 TITLE					☐ Cha	nge	Addition	
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREE	ET AC	DDRESS						
CITY-ST-ZIP			4.4 CITY-	-st-	ZIP					į	
TITLE		☐ DELETE	5.1 TITLE					Cha	nge	Addition	
NAME			5.2 NAME	Ε	- 1						
STREET ADDRESS			5.3 STREE	et al	DDRESS						
CITY-ST-ZIP			5.4 CITY-	-ST-	ZIP						
TITLE	3000	☐ DELETE	6.1 TITLE	_				☐ Cha	nge .	Addition	
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREE	ET AL	DORESS						
CITY-ST-ZIP			6.4 CITY -:							ļ	
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/3/07. Florida Statutes 1 further certify that the information									formation		
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.											

Country

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