Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90050 034 ***158.75

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 # DOZO

i, Corporation	AN FIRST CAPITAL CORP.	034192			
Principal Place	of Business	Mailing Address		I INDITION TO INIT INCII ONLI MILLI ONLI	iran ittit 6:00t irain chish irac skar
444 BRICKELL AVE. SUITE P-28 MIAMI FL 33131		444 BRICKELL AVE. Suite P-28 Miami FL 33131		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 04/16/1997	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
		26		65-0777601	XX Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27	 		Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation owes the current year	
24	25	29 30	,	Personal Property Tax.	Yes XINo
24	9. Name and Address of Current			10. Name and Address of New Register	ed Agent
EISENBERG, S.J. 5025 COLLINS AVE MIAMI BEACH FL 33140			82 Street Add	Bayard Spector dress (P.O. Box Number is Not Acceptable) 9999 S.W. 89th Court Miami	85 Zip Code 3 3 1 7 6
SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familia with, and accept the obligation Signature, typed or printed name of referred agent OFFICERS ANI	and title if applicable (NOTE: Reg	the above-named colorized by the corpora Statutes. pistered Agent signature requi	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap 3 / 10 / DATE and when reinstating) ADDITIONS/CHANGES TO OFFICERS	<u> </u>
12.	PD OFFICERS AND	DELETE	1,1 TITLE	Treasurer	☐ Change
NAME	BETHART, LUIS	_	1.2 NAME		34
STREET ADDRESS	7600 S.W. 117 STREET		1.3 STREET ADDRESS	Bethart, Luis	
CITY-ST-ZIP	MIAMI FL 33156		1,4 CITY-ST-ZIP	7600 S.W. 117 Street	, Mlami 33156
TITLE	D	☐ DELETE	2.1 TITLE	Secretary	Change Addition
NAME	SPECTOR, BAYARD		2.2 NAME	Spector, Bayard	* **
STREET ADDRESS	9999 S.W. 89 COURT		2 3 STREET ADDRESS	9999 S.W. 89th Court	
CITY-ST-ZIP	MIAMI BEACH FL 33176	*Fine ste	2.4 CITY-ST-ZIP	Miami, FL 33176	Change Addition
TITLE	CSTD FIGURERO C. I	DELETE	3.1 TITLE 3.2 NAME		- Curando Circamon
NAME	EISENBERG, S.J.		3.2 NAME 3.3 STREET ADDRESS		,
STREET ADDRESS	5025 COLLINS AVE MIAMI FL 33140		Ĭ		
CITY-ST-ZIP TITLE	MIAMI FL 33140	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	i i	Change Addition
NAME			4.2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		<u></u>
TITLE		☐ DELETE	5.1 TITLE	•	☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		

CITY-ST-ZIP 14. 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

Addition

Change