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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000047410 (0)

| CAPPE  | LLETI DEVELOPMENT CORI                              | Ρ.                                    |                      | A TRADITARU TRA KRIST DARIK BARIK BARIK ARUN ARUK ARUK ARUK ARUK ARUK ATRA ATRAK ATRAK KRIST ARUK ARUK KRIST |
|--|---|---------------------------------------|----------------------|--|
|  |   |                                       |                      |  |
| Principal Plac   | e of Business                                       | Mailing Address                       |                      | t LEBULDOL JIE SANI (SANI SANI) ABNI SANI BANI SANI SENI SELA (1861 ABN 1861)                                |
| 201 S. BISCAYNE BLVD.     201 S. BISCAYNE BLVD.       1600 MIAMI CENTER     1600 MIAMI CENTER       MIAMI FL 33131     MIAMI FL 33131  |   |                                       |                      | DO NOT WRITE IN THIS SPACE   |
|  |   |                                       |                      | 3. Date Incorporated or Qualified  |
| 9 Principal P  | face of Business                                    | 2a. Mailing Address                   |                      | <b>05/29/1997 4.</b> FEI Number Applied For  |
| 21   | idos or pasirioss                                   | 26                                    |                      | 65-0763120 Not Applicable  |
| Suite, Apt.  | #. etc.   | Suite, Apt. #, etc.                   |                      | S8.75 Additional   |
| 22   |   | 27                                    |                      | 5. Certificate of Status Desired Fee Required  |
| City & Stat  | е   | City & State                          |                      | Election Campaign Financing \$5.00 May Be  |
| 23   |   | 28                                    |                      | Trust Fund Contribution Added to Fees  |
| Zip  | Country   | Zip                                   | Country              | 8. This corporation owes or has paid the current year Intangible   |
| 24   | 25  |                                       | 30                   | Personal Property Tax due June 30. 🗹 Yes 🔲 No  |
|  | 9. Name and Address of Current                      | t Registered Agent                    |                      | 10. Name and Address of New Registered Agent   |
|  | NSIL, J D   |                                       | 81 Name              | "STEPHOLI J. DIGIACOUO   |
| 201 S. BISCAYNE BLVD. 82 Street Addre  |   |                                       |                      | et Address (P.O. Box Number is Not Acceptable)   |
| 1600 MIAMI CENTER  |   |                                       |                      |  |
| MI   | AMI FL 33131  |                                       | 63                   | 7925 NW 12 ST., SUITE 129  |
|  |   |                                       | 84 City              | MIAM: FL 85 Zip Code 33126   |
| 11. Pursuant   | to the provisions of Sections 607.0502              | and 607, 1508. Florida Statute        | es, the above-name   | ed corporation submits this statement for the purpose of changing its registered                             |
| office or registered agent, or bitto 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 a cept the obligations of, Section 607.0505, Florida Statutes. |   |                                       |                      |  |
| •  | in familiar was not cap the obliga                  | 10/15 01, Section 007.0503, F10       |                      | ibiacous Director 1.23.98  |
| SIGNATURE  | Structure, typed or printed name of registered ages |                                       |                      | lluro required whon reinstating) DATE  |
| 12.  | OFFICERS AND  |                                       | 13.                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE  | D   | ☐ DELETE                              | 1.1 TITLE            | ☐ Change ☐ Addition  |
| NAME   | Cappelletti, Javier e                               |                                       | 1.2 NAME             |  |
| STREET ADDRESS   | 7925 N.W. 12TH ST SUITE 12                          | 9                                     | 1.3 STREET ADORESS   | 88   |
| CITY-ST-ZIP  | MIAMI FL 33126                                      |                                       | 1.4 CITY - ST - ZIP  |  |
| TITLE :  | D   | ☐ DELET <b>e</b>                      | 2.1 TITLE            | ☐ Change ☐ Addition  |
| NAME   | DIGIACOMO, STEPHEN J                                |                                       | 2.2 NAME             |  |
| STREET ADDRESS   | 7925 N.W. 12TH ST SUITE 12                          | 9                                     | 2.3 STREET ADDRESS   | SS .   |
| CITY-ST-ZIP  | MIAMI FL 33126                                      | · · · · · · · · · · · · · · · · · · · | 2. 4 CITY - ST - ZIP |  |
| TITLE  |   | ☐ DELETE                              | 3.1 TITLE            | ☐ Change ☐ Addition  |
| NAME   |   |                                       | 3.2 NAME             |  |
| STREET ADDRESS   |   |                                       | 3.3 STREET ADDRESS   | os   |
| CITY-ST-ZIP  |   |                                       | 3.4. CITY-ST-ZIP     |  |
| TITLE  |   | ☐ DELETE                              | 4.1 TITLE            | Change Addition  |
| NAME   |   |                                       | 4. 2 NAME            |  |
| STREET ADDRESS   |   |                                       | 4.3 STREET ADDRESS   | 22   |
| CITY-ST-ZIP  |   | - December                            | 4.4 CITY - ST - ZIP  |  |
| TITLE  |   | ☐ DELETE                              | 5.1 TITLE            | Change Addition  |
| NAME   |   |                                       | 5.2 NAME             |  |
| STREET ADDRESS   |   |                                       | 5.3 STREET ADDRESS   | 55   |
| CITY-ST-ZIP  |   | DELETE                                | 54 CITY-ST-ZIP       | 0  |
| TITLE  |   | ☐ DELETE                              | 61 TITLE             | Change Addition  |
| NAME   |   |                                       | 6.2 NAME             |  |
| STREET ADDRESS   |   |                                       | 6.3 STREET ADDRESS   | SS   |
| CITY-ST-ZIP  |   |                                       | 6.4 CITY-ST-ZIP      |  |

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.