

ent By: TMSC;

3054707508;

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5/4
May -

FILED
Sep 19, 2001 8:00 am
Secretary of State

05-18-2001 91588 013 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 980000048304

1. Entity Name
Capital USA Corp.

Principal Place of Business Mailing Address
485 Billmore Way
Coconut Grove, FL 33134

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. Filing Number 05-0842403 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Juan Carlos Bonnet
Coconut Grove, FL 33134

7. Name and Address of New Registered Agent
Name _____
Street Address _____
City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (Multiple Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Juan Carlos Bonnet</u> <u>485 Billmore Way</u> <u>Coconut Grove, FL 33134</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<u>DP</u>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Alberto Suarez</u> <u>485 Billmore Way</u> <u>Coconut Grove, FL 33134</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<u>D5</u>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: X Juan Carlos Bonnet 510101 305-444-3393

SOFITAL USA CORP.
485 BILTMORE WAY
CORAL GABLES, FL 33134
305-444-3393

Attachment
18050

#P98000048304

September 10, 2001

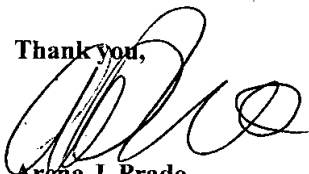
Florida Department of State
Tallahassee, FL 32399

Document Number: P98000048304

To Whom It May Concern:

Enclosed please find a copy of a letter dated June 20, 2001 requesting that one of the officers should sign the report. When the original report was mailed, it was signed by one of the officers. Unfortunately that is just the way he signs and it seems as though it was hand written. Also note that the address of the registered agent, mailing address, and principal place of business were all changed on the form. Your office still mailed the letter and a new report to the old address without noting the change of address. We ask that you please adjust your records and that you waive the penalty because our report was filed on time, the fee was paid and we did response you your letter dated June 20, 2001. Please note the change of address to prevent further delays and to prevent our mail from getting lost.

Thank you,



Arena J. Prado
Accountant