## 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 #	P9800008811	0
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1. Corporation CAPRI S	ALES CORPORATION	0000110		SCORE LANGUE STATE	Bi 1848 1818 1818 188 188 188 188 188 188
Principal Place	e of Business	Mailing Address		T HOUSENEN HE HER TOUGH FRAN SEAL OURSE FRA	#
343 ALMERIA A CORAL GABLES	VENUE	343 ALMERIA AYENUE CORAL GABLES FL 331:	34		
				DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualified	
9 Principal D	ace of Business	2a. Mailing Address		10/15/1998 4. FE ( Number	11 12 12 12
a. Frincipal Fi	ace or business	26. Mailing Address		4. FEL NUMBER	Applied For
Suite, Apt.	#, etc.	Suite, Apl. #, etc			X  Not Applicable   \$8.75 Additional
22		27		5. Certificate of Status Desired [1]	fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	<b>Z</b> (p	Country	8. This corporation owes the current year I	ntangible
24	25	[29]	30	Personal Property Tax	[   Yes   [   No
	9. Name and Address of Cure	rent Registered Agent	.	10. Name and Address of New Registere	d Agent
· AME	rilawyer		8	Spiegel & Utrera, P.A.	
	ALMERIA AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	' '
COR	AL GABLES FL 33134		83	343 Almeria Avenue	
		1 1			
		. / /	84 Cily C	Coral Gables / /F	85   Zip <sub>3</sub> Code 3 <u>4</u>
11. Pursuant	to the provisions of Sections 607/0	902 110 107 1508, Florida Stat	tutes, the above named cod	rogration submits this statement for the removed	of changing its registered
office or re	egistered agent, or both, in the sta m familiar with, an paragre	te o Elvinta Such thance was	authorized by the corporat Porida Statutes	tion's board of directors. I hereby accept the app	pintnient as registered
SIGNATURE	By:			4/78/44	
	Signature, typed or printegral to got in phase i a	Wrefu. Vice	President	red when reliebability [ ] DATE	
12.		AND/DIRECTORS	13.	ADDITIONS/OHANGES TO OFFICERS A	
TITLE	D	[] DELETE	1 ) TITLE	ι /	[, ] Change [,] Addition [
NAME	Sanchez, Elsie	<u> </u>	12 NAME	900002868	32798
STREET ADDRESS	343 Almeria Av		13 STREET ADORESS	-65/07/99	กโปล9018
TITLE	Coral Gables,	FL 33134	14 C/TY+ST-Z/P		***** 15ft - Dillion
NAME		E 1 <b>P</b> CC 12	2.2 NAME		f Lordinger - ( Lyandon)
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CITY-ST-ZIP			34 CITY-ST-ZIP		
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NAME EXPERT APPROVED			53 STREET ADDRESS		
STREET ADDRESS			54 CHY-ST-ZP		
TITLE		L') DELETE	6 \ TITLE		[ ] Change A J Adribit
NAME		F. 5246.16	6.2 NAME		7887,784
STREET ADDRESS			63 STREET ADDRESS		<b>1</b> √(20)
			11000 01 70		ul

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 Stututes. I further certify that the information indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same togal effect as if made under oath, that I am an officer or director of the corporation of the receiver or trustice 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 an attachment with an address, with all other like empowered.

SIGNATURE:

4/28/99

FILED

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