

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
AND
FILED

DOCUMENT # S56997

(7)

95 MAY -1 AM 8:26

CAP PLAZA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office Address 1221 BRICKELL AVE SUITE 304 MIAMI FL 33131		2a. Mailing Address 1221 BRICKELL AVE SUITE 304 MIAMI FL 33131		3. Date Incorporated or Qualified 06/04/1991		3a. Date of Last Report 06/20/1994	
2. Annual Report Required 21		2a. Mailing Address 26		4. FEI Number 65-0269684		Applied For Not Applicable	
22		27		5. Certificate of Status Desired ☒ X		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent MEYERSON, LAURENCE 1221 BRICKELL AVE MIAMI FL 33131				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL B5 Zip Code			

11. Pursuant to the provisions of Sections 607.01(3), and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to registered agent, and to 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 607.01(3), Florida Statutes.

Signature of Registered Agent: _____ Date: _____
Signature of Officer or Director: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS	
NAME D PAUL, MICHAEL 1221 BRICKELL AVE #304 MIAMI FL		NAME D PAUL, MICHAEL 1221 BRICKELL AVE #304 MIAMI FL	☐ Change ☐ Addition
NAME D PROMOFF, DAVID H 1221 BRICKELL AVE #304 MIAMI FL		NAME D PROMOFF, DAVID H 1221 BRICKELL AVE #304 MIAMI FL	☐ Change ☐ Addition
NAME D HARRIS, LUCIOUS 1221 BRICKELL AVE #304 MIAMI FL		NAME D HARRIS, LUCIOUS 1221 BRICKELL AVE #304 MIAMI FL	☐ Change ☐ Addition
NAME S SAXON, BARBARA S. 2000 TOWERSIDE TERRACE #509 MIAMI FL		NAME S SAXON, BARBARA S. 2000 TOWERSIDE TERRACE #509 MIAMI FL	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is verifiably accurate and does not qualify for the exemption stated in Section 607.01(3), Florida Statutes. I further certify that the information included in this annual report or supplementary annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. I am not an officer or director of the corporation at the time of filing this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of the Block 1 of the filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Paul

4/27/95

305-536-1601