

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90203 005 ***150.00

DOCUMENT # S89109

1. Corporation Name
CAPATARA U.S., INC.



Principal Place of Business
877 EXECUTIVE CENTER DR., W.
STE. 303
ST. PETERSBURG FL 33702
US

Mailing Address
877 EXECUTIVE CENTER DR., W.
STE. 303
ST. PETERSBURG FL 33702
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1991

4. FEI Number

59-3091449

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Person or Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASCARA, ERNEST L.
877 EXECUTIVE CENTER DR., W.
GLADES BUILDING, STE. 303
ST. PETERSBURG FL 33702

81 Name

Jo Claire Spear, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

877 Executive Center Drive West

83

Glades Building, Suite #303

84 City

St. Petersburg,

FL

85 Zip Code

33702

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

4/27/99

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPS
NAME ANNING, RAY
STREET ADDRESS 40 LESLEY LANE
CITY-ST-ZIP OLDSMAR FL 34677

1.1 TITLE DPS
1.2 NAME Anning, Ray
1.3 STREET ADDRESS 40 Lesley Lane
1.4 CITY-ST-ZIP Oldsmar, FL 34677

TITLE VD
NAME ANNING, TERRY
STREET ADDRESS RR 3 7786 PATTERSON SIDEROAD
CITY-ST-ZIP CALEDON EA LONIE O

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT
NAME ANNING, PATRICIA
STREET ADDRESS RR 1 22ND SIDEROAD #13716
CITY-ST-ZIP GEORGETOWN ON L7G4S 4

3.1 TITLE DT
3.2 NAME Anning, Patricia
3.3 STREET ADDRESS RR 1 22nd Sideroad #13716
3.4 CITY-ST-ZIP Georgetown, ON L7G 4S4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

(727) 789-3434

Date

Daytime Phone #

CR2E034 (11/98)