

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V55380 (2)**
1. Corporation Name
CAPILL' FRANCE INTERNATIONAL CORPORATION



Principal Place of Business: 6954 N.W. 51 ST. SUITE 201 MIAMI FL 33166 US
Mailing Address: 6954 N.W. 51 ST. SUITE 201 MIAMI FL 33166 US

3. Date Incorporated or Qualified: **08/05/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0355553**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **6954 NW 51 ST**
22 Suite, Apt. #, etc.
23 **MIAMI, FLORIDA**
24 **33166** 25 **U.S.A.**
2a. Mailing Address
26 **6954 NW 51 ST**
27 Suite, Apt. #, etc.
28 **MIAMI, FLORIDA**
29 **33166** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
PEREZ, DANIEL
3118 N.W. 99 PL.
SUITE 201
MIAMI FL 33178

10. Name and Address of New Registered Agent
81 Name: **Perez Daniel**
82 Street Address (P.O. Box Number is Not Acceptable): **3118 N.W. 99 PL**
83
84 City: **Miami** FL 85 Zip Code: **33172**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **04/29/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DANIEL, PEREZ G.	
STREET ADDRESS	3118 N.W. 99 PL.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DANIEL, PEREZ D.	
STREET ADDRESS	3118 N.W. 99 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDRES, PEREZ D.	
STREET ADDRESS	3118 N.W. 99 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ, DANIEL, JR.	
STREET ADDRESS	3118 N.W. 99 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Daniel Perez D	
1.3 STREET ADDRESS	3118 N.W. 99 PL	
1.4 CITY-ST-ZIP	Miami FL 33172	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Daniel Perez G	
2.3 STREET ADDRESS	3118 N.W. 99 PL	
2.4 CITY-ST-ZIP	Miami FL 33172	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Andres Perez	
3.3 STREET ADDRESS	3118 N.W. 99 PL	
3.4 CITY-ST-ZIP	Miami FL 33172	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Diana Nader	
4.3 STREET ADDRESS	3118 N.W. 99 PL	
4.4 CITY-ST-ZIP	Miami FL 33172	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* DATE: **4/29/96** DAYTIME PHONE #: **994-7677**

CR2E034 (12/95)