

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 19 AM 2:01**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # V71149 (1)**

1. Corporation Name  
**CAPRI INVESTORS, INC.**

Principal Place of Business <b>C/O JAMES A. MARX, ESQ. 150 S.E. 2ND AVE., #500 MIAMI FL 33131 US</b>	Mailing Address <b>C/O JAMES A. MARX, ESQ. 150 S.E. 2ND AVE., #500 MIAMI FL 33131 US</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/14/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
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2. Principal Place of Business 21 <b>1859 N. PINE ISLAND RD #1271</b> Suite, Apt. #, etc.	2a. Mailing Address 27 <b>1859 N. PINE ISLAND RD #1271</b> Suite, Apt. #, etc.
22 <b>PLANTATION, FL</b> City & State	28 <b>PLANTATION, FL</b> City & State
24 <b>33322</b> Zip	25 <b>USA</b> Country
29 <b>PLANTATION, FL</b> City	30 <b>USA</b> Country

4. FEI Number <b>65-0376962</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>MARX, JAMES 150 S.E. 2ND AVE. STE. #500 MIAMI FL 33131</b>				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				B5 <b>FL</b>		B6 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPV</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEARNEY, ROBIN A.</b>	1.2 NAME	
STREET ADDRESS	<b>15231 ELLIPSE DR.</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MANASSAS VA</b>	1.4 CITY- ST- ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(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 changed or on an attachment with an address.

SIGNATURE: *Robin A. Kearney* 4-12-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR