

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 430112 (3)
 1. Corporation Name
THE CANARIANS CORP.



Principal Place of Business 230 W 55TH ST. STE 25D NEW YORK NY 10019	Mailing Address 230 W 55TH ST. STE 25D NEW YORK NY 10019
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/09/1973	4. FEI Number 13-2755998 Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent KROOP RICHARD J STE 512 420 LINCOLN RD MALL MIAMI BCH. FL 33139		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDAHAN, SALLY	1.2 NAME	
STREET ADDRESS	230 WEST 55 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDAHAN, ALBERT	2.2 NAME	
STREET ADDRESS	230 WEST 55 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDAHAN, JOSEPH I	3.2 NAME	
STREET ADDRESS	3 RUE JARRAOUI	3.3 STREET ADDRESS	
CITY-ST-ZIP	TANGIER, MORROCO	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDAHAN, ELIAS I (ASST)	4.2 NAME	
STREET ADDRESS	3 RUE JARRAOUI	4.3 STREET ADDRESS	
CITY-ST-ZIP	TANGIER, MORROCO	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDAHAN, MESSOD I	5.2 NAME	
STREET ADDRESS	3 RUE JARRAOUI	5.3 STREET ADDRESS	
CITY-ST-ZIP	TANGIER, MORROCO	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 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 at the top of, or on any attachment with an address.

SIGNATURE: *S. Bendahan* **SALLY BENDAHAN** 7/10/98 212-257-7138

CR2E034 (10/97)