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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # **F89696**

(1)

747121110	CAN BUSINESS SERVICES	S CORP.	, <u>.</u>		
Principal Place of Business 1573 N.W. 93RD AVE. P.O.BOX 521142 MIAMI FL 33152		Mailing Address 1573 N.W. 93RD AVE. P.O.BOX 521142 MIAMI FL 33152			
				3. Date Incorporated or Qualified 3a. 06/14/1982	Date of Last Report 01/17/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-2189796	Not Applicable
Suite, Apt #	r, etc.	Suite Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Orty & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	<u>∠</u> 2go	Country	8. This corporation has liability for intang Florida Statutes ☐ Yes ☐1	
4	[25]	29	30	10. Name and Address of New Registe	
	9. Name and Address of Curre	ent negistereo Agent	81 Name	IO. regine directions at the Breat	
			1 1	Alada Al	
CEDENO, OSCAR 556 SOUTH DRIVE MIAMI FL 33166			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			83		
MIAMIT	L 33100		20.		85 Zip Code
			84 City		FL FL FL FL FL FL FL FL
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		AIL CHOIC CITCIES	12		S AND DIRECTORS IN 12
		NU DEFECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change
TITLE	PD	NU DIRECTORS			
TITLE NAME	PD CEDENO, OSCAR A		1 1 TIFLE		
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes - Further certify that the information indicated on this annual report or suppliemental annual report is true and appurate and that my signature shall have the same legal effect as it made under eath; 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 chapter or an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V-18-96 (305)592.7646

CR2E034 (12/95)