SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED

DOCUMENT # H06304 (0)

1. Corporation Name

CANINVEST, INC.

Principal Place of Business	Mailing Address
C/O RONALD E. HERZOG/BECHER, HERZOG 300 SEVILLE - SUITE 215 CORAL GABLES FL 33134	~~C/O RONALD E. HERZOG/BECHER, HERZOG~~ ~~300 SEVILLE - SUITE 215~~ ~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/04/1984
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business 21	2a. Mailing Address 26: 600 GRAPETREE DR.	4. FEI Number: 59-2411328	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27: UNIT 6B ; SOUTH	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28: KEY BISCAYNE, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29: 33149 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HERZOG, RONALD E. 300 SEVILLE - SUITE 215 CORAL GABLES FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	VP	11 TITLE	☒ Change ☐ Addition
NAME	~~HERZOG, RONALD E.~~	12 NAME	DELETE -
STREET ADDRESS	~~300 SEVILLA #215~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~CORAL GABLES FL~~	14 CITY-ST-ZIP	NO LONGER OFFICER OR DIR
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	HADAR, MARGERY	22 NAME	
STREET ADDRESS	177 OCEAN LANE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	SIMONS, VICTORIA	32 NAME	
STREET ADDRESS	600 GRAPETREE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Victoria Simons VICTORIA SIMONS 4/19/95 305 667-1692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041163 CP