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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CANARY PERFORMING COMPANY

APPROVED AND FILED

98 APR 24 PM 1:21

SECRETARY OF STATE TALLAHASSEE FLORIDA



Principal Place of Business Mailing Address 2300 CORAL WAY 2300 CORAL WAY MIAMI FL 33145 DO NOT WRITE IN THIS SPACE MIAMI FL 33145 3. Date Incorporated or Qualified 04/01/1988 2. Principal Place of Business 2a. Mailino Address 4. FEI Number Applied For 2300 CORAL WAY 2300 CORAL WAY 59-1154122 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITE # 200 **SUITE # 200** Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI, FLORIDA MIAMI, FLORIDA 23 Added to Fees Trust Fund Contribution Zip 33145 Country Country 8. This corporation owes or has paid the current year Intangible 25 US 33145 US Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY Street Address (P.O. Box Number is Not Acceptable) 82 #200 83 **MIAMI FL 33145** 84 City Zip Code FL 11. Pursyant to the provision office or rugister of august agent an familiary (1) Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered by 10 yr 11 yr 12 yr 13 y AMADA CANTERA LOPEZ - PRES. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. OFLETE Change Addition TITLE 1.1 THLE GARCIA, BRAULIO A NAME 1.2 NAME 498 SW 27 RD. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE Change Addition 2.1 TITLE **400002504024**--3-04/28/98₂₇01122--014 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS ****150.00 ****150.00 CITY-ST-ZIP 2 4 CHTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CIT ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Addition Change TITLE 6.1 THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 explayment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed or on an attachment with an address.

SIGNATURE:

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BRAULIO A. GARCIA

4-21-98