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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # K88855** 

(7)

CANADIAN FUNDS INC.

**FILED** May 02 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 444 BRICKELL AVENUE 444 BRICKELL AVENUE SUITE 51-246 SUITE 51-246 MIAMI FL 33131 MIAMI FL 33131-2403						3. Date incorporated or Qualified  3a. Date of Last Report	
2. Principal Pla	ce of Business	2a. Mailing Address	<u></u>		+	05/17/1989         05/01/1996           4. FE! Number         Applied For	
21		26				<b>65-0120439</b> Not Applicable	
Suite, Apl. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
3		28				Trust Fund Contribution Added to Fees	
Zιρ	Country	Zip		untry		This corporation has liability for intangible tax under s. 199.032,	
4	25	29	30			Florida Statutes Yes No	
	9. Name and Address of Cu	rrent Registered Agent		81	Nissan	10. Name and Address of New Registered Agent	
	IUCIARY INC.			ויסן	Name	<del>u</del>	
100 S E SECOND AVE 2315A				82	Street	reet Address (P.O. Box Number is Not Acceptable)	
MAM	FL 33131			83			
				84	City	85 Zip Code	
				"	Ony	FL (S) Expression	
12.	rger en special posted name of register ÖFFICERS <b>ST</b>	S AND DIRECTORS  DELETE	13		int o-granu	DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  AS   DATE  AS   DATE  AS   DATE  AS   DATE  AS   DATE	
	SMEJDA, L.	Call Decerte		NAME		CARBAYO, E.	
	444 BRICKELL AVE #51-24	16			ADDRESS		
	MIAMI FL			CITY-S		MIAMI, FL	
TOTLE	PD	▼ DELETE		TITLE		PDT Change X Additio	
NAME	SCHMID H		2.2	NAME		PANGLE, L.	
	444 BRICKELL AVENUE		2.3	STREET	ADDRESS	1444	
CITY - ST - ZIP	MIAMI FL		2. 4	CITY-	ST-ZIP	MIAMI, FL	
TIFLE	VPAS	DELETE	3.1	TITLE		Change Addition	
	WOLF, J.	154 A4A	3.2	NAME			
	444 BRICKELL AVE SUITE	#51-246	3.3	STREET	ADDRESS	S	
CHY-S1-2F	MIAMI FL			CITY-	ST - ZIP		
THILE		DELETE	- 1	TITLE		Change Additio	
NAME				NAME			
STREET ADORESS			1		ADDRESS	5	
CHY-SI-IF		DÉLÉTE		CITY-S	ST- ZIP	Change Additio	
TITLE		DELETE		TITLE		i mande manufe	
NAM:				NAME	**********		
STREET ADORESS					ADORESS		
COTY-SE ZZ		DELETE		CITY-S	si-ZIP	Change Additio	
Till		בן סנננונ		NAME		hand Strongy hand / Notice	
NAME					ADDRESS	c	
STREET ADDRESS						S	
14. 1 do bereb		and a sittle thin films does not on		CITY-		stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	

narrange of the manufacture information supplied with this iming destrict quality for the exemption stated in section 119.07(3)(1), Florida Statutes. Further cellify 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 larn 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:** 

(305) 358-4441