

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M39370 (5)

1. Corporation Name
CANEX CORPORATION



Principal Place of Business 1000 VENETIAN WAY #104 MIAMI FL 33139 US	Mailing Address 444 BRICKELL AVENUE SUITE 51-248 MIAMI FL 33131-2403
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3. Date Incorporated or Qualified 09/30/1986	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address Suite, Apt. #, etc. 27. City & State 28. Zip Country
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4. FEI Number 59-2734256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**IBC FIDUCIARY INC.
100 S E SECOND STREET
2315-A
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	SMEJDA, L.	
STREET ADDRESS	444 BRICKELL AVE #51-248	
CITY - ST - ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BAO, N.	
STREET ADDRESS	444 BRICKELL AVE #51-248	
CITY - ST - ZIP	MIAMI FL	
TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	HENNING, U.	
STREET ADDRESS	444 BRICKELL AVE #51-248	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMEJDA, L.	
1.3 STREET ADDRESS	444 BRICKELL AVE. #51-248	
1.4 CITY - ST - ZIP	MIAMI, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HENNING, U.	
3.3 STREET ADDRESS	444 BRICKELL AVE. #51-248	
3.4 CITY - ST - ZIP	MIAMI, FL	
4.1 TITLE	AST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CARBAYO E.	
4.3 STREET ADDRESS	444 BRICKELL AVE. # 51-246,	
4.4 CITY - ST - ZIP	MIAMI, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE: *U. Henning* **U. Henning** 4/22/97 Date (305) 358-4441 Daytime Phone

CR2E034 (9/96)