

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90015 039 ***158.75

DOCUMENT # M7370
 1. Entity Name

Canex Corporation

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 1000 Venetian Way Suite #104 Miami, FL 33139 | 444 Brickell Ave. Suite #51-246 Miami, FL 33131 |

80085227

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------|--------------|---------------|----------------|
| City & State | City & State | 4. FEI Number | Applied For |
| Zip | Country | Zip | Country |
| | | 59-2734256 | Not Applicable |

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IBC Fiduciary Inc.
 100 S.E. 2nd St.
 Suite #2315
 Miami, FL 33131

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|----------------------------|---------------------------------|
| TITLE | PDS | <input type="checkbox"/> Delete |
| NAME | Smejda, L. | |
| STREET ADDRESS | 444 Brickell Ave., #51-246 | |
| CITY - ST - ZIP | Miami, FL 33131 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | Bao, N. | |
| STREET ADDRESS | 444 Brickell Ave., #51-246 | |
| CITY - ST - ZIP | Miami, FL 33131 | |
| TITLE | VPAS | <input type="checkbox"/> Delete |
| NAME | Henning, U. | |
| STREET ADDRESS | 444 Brickell Ave., #51-246 | |
| CITY - ST - ZIP | Miami, FL 33131 | |
| TITLE | AST | <input type="checkbox"/> Delete |
| NAME | Dellavedova, A. | |
| STREET ADDRESS | 444 Brickell Ave., #51-246 | |
| CITY - ST - ZIP | Miami, FL 33131 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE: _____ **4/20/00** **(305)358-9995**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)