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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

APPROVE AND	Û
PÎLED	•

98 APR -1 AM 9: 10

SECRETARY OF STATE TALL AHASSEE, FLORIDA

1. Corporation Name ISLAS CANARIS SOUTH, INC.	1 (9)		1 (1 (1 ())	
Principal Place of Business	Mailing Address			. Ainit 6:6:4 6:6:1 3:3: 166:
2300 CORAL WAY	2300 CORAL WAY			
#200 #200 Miami Fl 33145 Miami Fl 33145			DO NOT WRITE IN THIS SPACE	
MINIMITE OUTS	MIRMITE SSI4S		3. Date Incorporated or Qualified	SI ACE
			10/14/1987	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2300 CORAL WAY	26 2300 CORAL W	VAY	65-0011476	Not Applicable
Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 SUITE # 200			5. Certificate of Status Desired	Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be
23 MIAMI, FLORIDA	28 MIAMI, FLORI		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the cu	
24 33145 25 US 9, Name and Address of Current		30 US		∐ Yes ☐ No
		81 Name	10. Name and Address of New Registered	Agent
FLORIDA ANNUAL REPORT SERVICI	ES INC	OT Marie		
2300 CORAL WAY		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
#200		83	·	
MIAMI FL 33145		63		
	()	B4 City	FL	85 Zip Code
11. Pursuant to the provisions of sections 607.0302 office of registered agent or both, in the States agent. I am familiar with and accomplishe buying.	and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose of	f changing its registered
agent. I am familiar with and accept the objidin	ighs bi, Section 607:0505, Fig	orida Statutes.	more board or directors. Thereby accept the ap	pointment as registered
SIGNATURE	W /	amada can	TERA LOPEZ - PRFS, 3/2	26/98 I
Signature typed overhilded name of registered agent		Registered Agent signature requi		
112. OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	
NAME ANDRADE, LUIS		1.1 TITLE		L Change L Addition
STREET ADDRESS 1036 SW 1ST ST.		1.2 NAME		
CITY-ST-ZIP MIAMI FL 33130		1.3 STREET ADDRESS	100000476	991~-n
TITLE ST	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE	100002476 -04/02/980 ****150.00	11074 - 017 Addition
NAME ANDRADE, NANCY		22 NAME	****150.00	*****150.00
STREET ADDRESS 1036 SW 1ST ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33130		2.4 City-St-ZiP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TOLE	,	Change Addition
NAME		4. 2 NAMΓ		,.
STREET ADDRESS		4.3 STREFT ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELET E	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - S1 - ZIP		
TITLE	DELETE	6.1 TITLE	MIAI	Change Addition
NAME		6.2 NAME	Brown,	
STREET ADDRESS		6.3 STREET ADDRESS	Y	
City-St-zip		6.4 CITY - ST - ZIP		

14. 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 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, of an attachment with an address.

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