

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 4:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P92000008170 (2)

1. Corporation Name

CANADI CORPORATION

Principal Place of Business

**306 ALCAZAR AVE
SUITE 303
CORAL GABLES FL 33134
US**

Mailing Address

**306 ALCAZAR AVE.
STE 303
CORAL GABLES FL 33134
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

11/30/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0374720

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SIMAN, MAURICIO J.
906 PALERMO AVE.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
SIMAN, MAURICIO J.
906 PALERMO AVE.
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DS
SIMAN, SARA L
906 PALERMO AVE
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VTD
FERNANDEZ, CARMEN SIMAN
442 ARAGON AVE.
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
SIMAN, MAURICIO V.
906 PALERMO AVE.
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
SIMAN, DIEGO L
906 PALERMO AVE
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information submitted with this filing is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIMAN, DIEGO L.

EXPIRATION DATE