

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000044001

1. Corporation Name

PRODUCTOS CANARIOS CORP.

Principal Place of Business

741 Lincoln Rd.,

Miami Beach, Florida 33139

Mailing Address

3. Date Incorporated or Qualified
June 7, 1995

3a. Date of Last Report
1995

2. Principal Place of Business

21 **741-743 Lincoln Rd.,**

Suite, Apt. #, etc.

2a. Mailing Address

26 **741-743 Lincoln Rd.,**

Suite, Apt. #, etc.

4. FEI Number

59-3367020

Applied For

Not Applicable

22

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 **Miami Beach, Florida**

27 **Miami Beach, Florida**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

24 Zip

33139

25 Country

DADE

29 Zip

33139

30 Country

Dade

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROBERTO F. FLEITAS,

782 NW Le Jeune Rd.,

#550

Miami, Florida 33126

10. Name and Address of New Registered Agent

81 Name **MARTHA QUINTANS**

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

741-743 Lincoln Rd.,

83

84 City **Miami Beach**

FL

85 Zip Code
33139

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

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

MARTHA QUINTANS

4-26-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **Director/Officer** ☒ DELETE
NAME **Enrique Hernandis Moreno**
STREET ADDRESS **Edificio Record Barrio Chamberi**
CITY-ST-ZIP **Santa Cruz de Tenerife, Espana**

TITLE **Incorporator/Director/Officer** ☒ DELETE
NAME
STREET ADDRESS **Princesa 25, 2ndo. 28008**
CITY-ST-ZIP **Madrid, Espana**

TITLE **Director/Officer** ☒ DELETE
NAME **Rafael Fernandez**
STREET ADDRESS **Princesa 25, 2ndo. 28008**
CITY-ST-ZIP **Madrid, Espana**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director/Officer** ☐ Change: ☒ Addition
1.2 NAME **MARTHA QUINTANS**
1.3 STREET ADDRESS **741-743 Lincoln Rd.,**
1.4 CITY-ST-ZIP **Miami Beach, Florida 33139**

2.1 TITLE ☐ Change: ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change: ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change: ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change: ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change: ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

400001807394
-05/03/96--01090--003
*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/96

Daytime Phone #

CR2E034 (12/95)