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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400068685 (4)

CESAR M. CANO. AIA. P.A.

Principal Place of Business Mailing Address 6262 BIRD ROAD, SUITE 3D 6262 BIRD ROAD, SUITE 3D MIAMI FL 33155 MIAMI FL 33155-4882 3. Date Incorporated or Qualified 3a. Date of Last Report 09/19/1994 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0520427 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CANO, CESAR M 81 Name 6262 BIRD ROAD, SUITE 3D Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155 B3** RA 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Significate Typerf or period name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THE DELETE 1.1 TITLE Change Addition CANO. CESAR M NAME 1.2 NAME 6262 BIRD ROAD, SUITE 3D STREET ADDRESS 1.3 STREET ADORESS **MIAMI FL 33155** CITY - S1 - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE ☐ Change ■ Addition CANO, MARI L NAME 2.2 NAME 6262 BIRD RD. SUITE 3 D STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CHTY - ST - ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY - ST - 7(P) 34. CITY-ST-ZIP DELETE DILE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY -ST-7/P 4.4 CITY-ST-ZIP DELETE HILL 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-51-76 5.4 CITY-ST-ZIP DELETE THLE Change Addition 61 TITLE

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 path; 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

SIGNATURE:

MARIE

STREET ADDRESS

CHY-ST ZOF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if chapged, or on an attachment with an address.

(96/6)

FILED

May 12 1997 8:00am

Secretary of State