

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 25, 1999 8:00 am**  
**Secretary of State**

08-25-1999 90001 018 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # K39107**

1. Corporation Name

**CANHERN HOLDINGS, INC.**



Principal Place of Business

Mailing Address

**30 FLORAL PKWY  
CONCORD ON L4K 4-1  
US**

**334 MINORCA AVENUE  
SUITE 200  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/17/1988**

4. FEI Number

**98-0103366**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **P.O. Box 1102**

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

**33601**

**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGER A BRIDGES ATTORNEY AT LAW  
334 MINORCA AVE #200  
CORAL GABLES FL 33134**

81 Name

**J ALAN ASENDORF, ESQUIRE**

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

**101 EAST KENNEDY BLVD**

83

**2700 BARNETT PLAZA**

84 City

**TAMPA**

**FL**

85 Zip Code

**33602**

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 reinstating)

DATE

**7-19-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **GUGLIETTI, ANTONIO**  
CITY-ST-ZIP **1 BRADWICK DR #1/2  
CONCORD, ONTARIO**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **SIMM, DENNIS**  
CITY-ST-ZIP **30 FLORAL PARKWAY  
CONCORD ON**

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

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **MUZZO, MARCO**  
CITY-ST-ZIP **130 TORO RD  
DOWNSVIEW, ONTARIO**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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 REDDENIS A. SIMM 4/9/99 (405) 669-5400**

CR2E034 (5/99)