

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **H06304**

I. Corporation Name

CANINVEST, INC.

Principal Place of Business

PO RONALD E. HERZOG/BECHER, HERZOG
00 SEVILLE - SUITE 215
CORAL GABLES FL 33134

Mailing Address

600 GRAPETREE DR
UNIT 6B SOUTH
KEY BISCAYNE FL 33149
US

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90008 012 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1984

4. FEI Number

59-2411328

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes ☐ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

HERZOG, RONALD E.
300 SEVILLE - SUITE 215
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

1. 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

2. OFFICERS AND DIRECTORS

LE VP ☐ DELETE

ME HADAR, MARGERY
REET ADDRESS 177 OCEAN LANE DR.
Y-ST-ZIP KEY BISCAYNE FL

LE P ☐ DELETE

ME SIMONS, VICTORIA
REET ADDRESS 600 GRAPETREE DR.
Y-ST-ZIP KEY BISCAYNE FL

LE ☐ DELETE

ME ☐ DELETE

REET ADDRESS ☐ DELETE

Y-ST-ZIP ☐ DELETE

LE ☐ DELETE

ME ☐ DELETE

REET ADDRESS ☐ DELETE

Y-ST-ZIP ☐ DELETE

LE ☐ DELETE

ME ☐ DELETE

REET ADDRESS ☐ DELETE

Y-ST-ZIP ☐ DELETE

LE ☐ DELETE

ME ☐ DELETE

REET ADDRESS ☐ DELETE

Y-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE



Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

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:

Victoria Simons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99

305 667-1692

Date

Daytime Phone #

CR2E034 (5/99)