

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 # J28360 (2)

1. Corporation Name

CANUS CORP. INTERNATIONAL



Principal Place of Business

Mailing Address

C/O CROWN AMERICA DEVELOPMENTS
~~6365 N.W. 6TH WAY, 160~~
FT. LAUDERDALE FL 33309

C/O CROWN AMERICA DEVELOPMENTS
~~6365 N.W. 6TH WAY, 160~~
FT. LAUDERDALE FL 33309

2. Principal Place of Business

21 6365 N.W. 6th Way

Suite, Apt. #, etc.

22 160

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 6365 N.W. 6th Way

Suite, Apt. #, etc.

27 160

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

08/12/1986

3a. Date of Last Report

04/13/1995

4. FEI Number

59-2715754

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOMBACH, GEOFFREY S.
500 E. BROWARD BLVD.
SUITE #2050
FT. LAUDERDALE FL 33394-0079

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SHAPIRO, DAVID
STREET ADDRESS ~~6365 N.W. 6TH WAY, SUITE 160~~
CITY - ST - ZIP FORT LAUDERDALE FL 33309

TITLE
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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 6365 N.W. 6th Way, Suite 160
1.4 CITY - ST - ZIP

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

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

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

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

6.1 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 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

Daytime Phone #

CR2E034 (12/95)