

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K35355** (2)
1. Corporation Name
CANAA INTERNATIONAL, INC.



Principal Place of Business: **% GASTON R. ALVAREZ ESQ
1313 PONCE DE LEON BLVD. #300
CORAL GABLES 33134**

Mailing Address: **C/O GASTON R. ALVAREZ ESQ.
1313 PONCE DE LEON BLVD. #201
CORAL GABLES 33134
US**

3. Date Incorporated or Qualified: **09/29/1988** 3a. Date of Last Report: **02/16/1995**

4. FEI Number: **65-0222982** 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

2. Principal Place of Business: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **ALVAREZ, GASTON R. ESQ
1313 PONCE DE LEON BLVD., STE. 201
CORAL GABLES 33134**

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

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 officer 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: DELETE
NAME: **PD DA COSTA BRAGA, MARCELO**
STREET ADDRESS: **8283 NW 64 ST., #2**
CITY-ST-ZIP: **MIAMI FL**

TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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: Change Addition
2. 1 NAME: _____
3. 1 STREET ADDRESS: _____
4. 1 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: _____

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: _____ DATE: **02/27/96** (305) 371-8075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____

CR2E034 (12/95)