

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90012 014 \*\*\*150.00

**DOCUMENT # K35355**

1. Entity Name

**CANAA INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

501 BRICKELL KEY DRIVE #407  
 MIAMI FL 33131

501 BRICKELL KEY DRIVE #407  
 MIAMI FL 33131-2608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

501 Brickell Key Drive  
 Suite Apt. #, etc. 802

501 Brickell Key Drive  
 Suite, Apt. #, etc. 802

City & State  
 Miami, FL

City & State  
 Miami, FL

4. FEI Number **65-0222982**

Applied For  
 Not Applicable

Zip Country  
 33131 U.S.A

Zip Country  
 33131 U.S.A

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAZQUEZ, GERARDO A ESQ**  
**501 BRICKELL KEY DRIVE #407**  
**MIAMI FL 33131**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANTOS, DANILO 501 BRICKELL KEY DRIVE #407 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, GERARDO A ESQ 501 BRICKELL KEY DRIVE #407 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Rafael McCausland 501 Brickell Key Drive, St. 802 Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/00 (300)  
 371-80009.  
 Date Daytime Phone #

CR2E034 (9/99)