SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 21 AM 9:23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

400001521234
-06/23/95--01003--002
****225.00 ****225.00

DOCUMENT # **K98723** **(5)**

1. Corporation Name

CANALS INSURANCE SERVICE INC.

Principal Place of Business	Mailing Address
14050 SW 84TH ST. SUITE 104 MIAMI FL 33183 US	14050 NW 84TH ST. SUITE 104 MIAMI FL 33183 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1989
3a. Date of Last Report: 08/01/1994

2. Principal Place of Business
21: Canals Ins Serv
Suite, Apt #, etc
22: 104
City & State
23: Miami Dade
Zip
24: 33183
Country
25: USA

2a. Mailing Address
26: 14050 SW 84 ST
Suite, Apt #, etc
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 65-0133257 ☐ Applied For ☐ Not Applicable

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

6. [illegible] ☐ **$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

CANALS, JOSE ADOLFO
7850 BYRON AVE.
APARTMENT 602
MIAMI BCH. FL 33141

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

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 _____ (NOTE: Registered Agent's signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13.	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CANALS, JOSE ADOLFO	1.2 NAME	
STREET ADDRESS	7850 BYRON ST., APT. 602	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH. FL	1.4 CITY ST ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	PRIETO, GRACIELA	2.2 NAME	
STREET ADDRESS	6326 SW 12TH ST.	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☑ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	6/21/95 MS
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

CR2E034 (3/95)

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)(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] 6-8-95 (305) 385-5650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064396 CP