

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L93622 (3)  
1. Corporation Name  
CANARIS, INC.



Principal Place of Business

999 BRICKELL AVENUE #1006 MIAMI FL 33131 US

Mailing Address

999 BRICKELL AVENUE #1006 MIAMI FL 33131-3044 US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
08/16/1990

3a. Date of Last Report  
03/22/1996

4. FEI Number  
65-0281092

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

BAIER, KIRSTEN I.  
999 BRICKELL AVENUE SUITE 1006 MIAMI FL 33131

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 607.0902 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. Term limited or not, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent, Director, or Officer)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME  DELETE

DPT  
KADEN, REINHARD  
999 BRICKELL AVENUE, SUITE 1006  
MIAMI FL

12.2 NAME  DELETE

DVS  
KADEN, URSULA  
999 BRICKELL AVENUE, SUITE 1006  
MIAMI FL

12.3 NAME  DELETE

12.4 NAME  DELETE

12.5 NAME  DELETE

12.6 NAME  DELETE

12.7 NAME  DELETE

12.8 NAME  DELETE

12.9 NAME  DELETE

12.10 NAME  DELETE

12.11 NAME  DELETE

12.12 NAME  DELETE

12.13 NAME  DELETE

12.14 NAME  DELETE

12.15 NAME  DELETE

12.16 NAME  DELETE

12.17 NAME  DELETE

12.18 NAME  DELETE

12.19 NAME  DELETE

12.20 NAME  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE  Change  Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE  Change  Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE  Change  Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE  Change  Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE  Change  Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

14. I do 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 stated 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 section 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*By power of attorney (attached)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97

(305)372-0288

Date

Original Filing #

0170489

CR2E034 (9/96)