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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

534587 - 90176 - 5

DOCUMENT # **N36446**

1. Corporation Name

CANADIAN AMERICAN BUSINESS ALLIANCE OF SOUTH FLO RIDA, INC.

Principal Place of Business	Mailing Address
1000 W MCNAB ROAD POMPANO BEACH FL 33069	1000 W MCNAB ROAD POMPANO BEACH FL 33069

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

3. Date Incorporated or Qualified
02/05/1990

4. FEI Number
65-0172618
☐ Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HRAWG CORP
2000 GLADES RD
SUITE 400
BOCA RATON FL 33431

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GELINAS, RAYMOND		1.2 NAME	
STREET ADDRESS	4031 OAKWOOD BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MINERLEY,KENNETH L.		2.2 NAME	
STREET ADDRESS	2101 CORPROATE BLVD NW		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DONNELLY, MICHAEL J		3.2 NAME	
STREET ADDRESS	1000 W. MC NAB ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DUTTON, ANTHONY L.		4. 2 NAME	
STREET ADDRESS	2000 GLADES RD., SUITE 400		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROY, CHRISTIAN P		5.2 NAME	
STREET ADDRESS	1001 E. HALLANDALE BEACH BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		5.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BASE, E. RIC		6.2 NAME	
STREET ADDRESS	1450 SW 3RD ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33069		6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED CHRISTIAN P. ROY 5/10/99 (954) 454-1001 ~~$80~~ $61.25 LR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)