FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

N9300000580 (1) DOCUMENT # 1. Corporation Name

AND CANADODENIA INC

UNION SA	ALVADOREI	NA, INC.											
rincipal Place of I	Business		Ma	ailing Address									
150 W FLAGLER SUITE 2701			SI	50 W FLAGLER ST LIITE 2701						_	_		
MAMI FL 33130				MIAMI FL 33130			1	Date Incorporated or Qualific 02/10/1993	ed 3a .	Date O	of Last R 5/01/19	<u>95 </u>	
, Principal Place	e of Business		⊢ −₁	2a. Mailing Address				4. F	4. FEI Number Applied For Not Applied Solution Not Applied Solution Not Applicable				
	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. 0	5. Certificate of Status Desired				
City & State	City & State			City & State				Election Campaign Financin	ng 🗆	\$5.00 May Be			
<u> </u>		Country	28	Zip Country					Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,				
Zip	25	Country	29	E-P-	30			1 6	Florida Statutes	Yes	; ∐!	No	
	9. Name and	Address of Curren		stered Agent		Ţ.,		10. l	Name and Address of No	ew Hegiste	red A	Agiir	
BEFELER, 150 W FLA	GEORGE AGLER ST					81 82 83	Name Street Addr	dress (P.C	D. Box Number is Not Acce	eptable)			
	SUITE 2701 MIAMI FL 33130						City				FL	85 Zip	o Code
•						84	<u> </u>		ubmits this statement for the rectors. I hereby accept the			noing #a =	enistered office
12. TITLE	D ALVAREZ, I	OFFICERS AN OFFICERS AN ERNESTO CE DE LEON	nt and the ND DIRE	1 4 4	13. 1.11 1.21	TITLE NAME	ent signature require	on et) re	ADDITIONS/CHANGES TO		ate S AND	DIRECTO Change	DRS IN 12
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	1	_					Y-ST-ZIP	luft for AL	a exemption stated in Sect	on 119.07/3	3)(k). F	Idrida Sta	tutes. I funde
certify that	at the information	III III GERBU OIT UIIS A		this filing is voluntarily eport or supplemental on or the receiver or true n attachment with an a	ustee empo	ind c ort is iwere	ices not quali true and acc ed to execute	amy for the ocurate an te this rep	e exemption stated in Sect od that my signature shall h port as required by Chapter	nave the san 617, Florida	ne leg a Stat	al effect a utes; and	s if made unc that my name
	-,)) ~>5	\sum_{i}	•			વ.પ્ર	296			
AIANIA'	TIIDE	I		// CD/ -		-						Doubles Dho	200 #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

4.20.96