

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

04-01-2002 90160 004 ****70.00
05-01-2002 91523 034 ****78.95

DOCUMENT # N98000005978

1. Entity Name

Canaan International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8527 Pines Blvd

3. Mailing Address

same

Suite, Apt. #, etc.

212

Suite, Apt. #, etc.

same

City & State

Pembroke Pines

City & State

same

Zip

33024

Country

USA

Zip

same

Country

same

DO NOT WRITE IN THIS SPACE

4. FEI Number

610860204

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Eduardo Jimenez

Street Address (P.O. Box Number is Not Acceptable)
9201 S.W. 105th Street

City

Miami

FL

Zip Code
33176

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

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President, Director Eduardo Jimenez 9201 S.W. 105th Street Miami, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President, Director Laura Pavila 3033 NE 2nd Ave Miami, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer, Director Andres I. Ruiz 3830 Crestwood Circle Weston, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary, Director Eduardo Jimenez 9201 S.W. 105th Street Miami, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Ronaldo Lacuesta 8527 Pines Blvd # 212 Pembroke Pines, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/02 954 3925830

CR2E037B (12/01)