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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 11 1998 8:00am Secretary of State

	MENT # P930( CANA TRADING ENTERPR						
Principal Place	e of Business	Mailing Addr	ess				GAN HANNI ANDRI NON LEGA
6555 NW 9TH FT LAUDERDA	AVE	P.O. BOX 9474 FT LAUDERDALE FL 33310-9474 US				DO NOT WRITE IN THIS SP	ACE
					_	<ol> <li>Date Incorporated or Qualified 02/26/1993</li> </ol>	
2. Principal Pl	ace of Business	2a. Mailing A	ddress			4. FEI Number 65-0534985	Applied For Not Applicable
Suite, Apt.	#, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
	<b></b>	27	City & State				Fee Required
City & State	3	28	ile			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp		Country		8. This corporation owes or has paid the current	nt year Intangible Yes \( \sum \) No
24	9. Name and Address of Curi	29 ent Registered Age	<u>34</u> nt	0]		Personal Property Tax due June 30. 10. Name and Address of New Registered Ag	
LEWIS, GREGORY 1291 A POWERLINE RD SUITE 180 POMPANO BEACH FL 33089				81 82 83	Name Street A	James Bertoncini ddress (P.O. Box Number is Not Acceptable) 2200 S. Ocean Lane #1217  Fort Lauderdale FL	85 Zip Code
	o the provisions of Sections 607.0 sgistered agent, or both, in the Ste on familiar with, and accept the objections by the both size of registered same of registered.					corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint	33316 hanging its registered htment as registered
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TALE	D DECODY	K	DELETE	1.1 TITLE		priector	Change Addition
STREET ADDRESS	LEWIS, GREGORY 1291 A POERLINE RD SUIT	E 180		1.2 NAME 1.3 STREET ADDRESS		James Bertoncini 2200 S. Ocean Lane #1217	
CITY-ST-ZIP	POMPANO BEACH FL	· <del></del>	DELETE	1.4 CITY - 5	T-ZIP I	Fort Lauderdale, FL 33316	Change & Addition
TITLE NAME		_ buttle				assistant Difector -	1 Cuande Par vonno
STREET ADDRESS				2.3 STREET		Humberto Guilleno 21500 Johnson Street	
CITY-ST-ZIP				2 4 CITY-ST-ZIP POR		Pembroke Pines FL 33020	
TITLE		L.	] DELETE	3 1 TITLE		•	Change   Addition
NAME STREET ADDRESS				32 NAME 33 STREET	ADDRESS		
CITY-ST-ZIP				3 4. CITY - S			
TITLE		L	DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET			
CITY-ST-ZIP TITLE			DELETE	4.4 CITY - S 5.1 TITLE	1-214		Change Addition
NAME		_		5.2 NAME		_	• —
STREET ADDRESS				5.3 STREET	ADORESS		
CITY-ST-ZIP				5.4 CITY-S	T-ZIP		
TITLE		L.	DELETE	6.1 THTLE		E	Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET			
City-St-ZiP	ertify that the information supplied	with this filing does	not qualify for t	6.4 City-5 the exemp		in Section 119.07(3)(i). Florida Statutes. I further certii	v that the information
indicated of	on this annual report or supplemental director of the corporation or the re-	ntal annual report is t iceiver or trustee em	rue and accura powered to exe	ate and the	at my sign eport as r	l in Section 119.07(3)(i), Florida Statutes. I further certil ature shall have the same legal effect as if made unde equired by Chapter 607, Florida Statutes; and that my	r oath; that I am an name appears in

415/98