FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 AM 10: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000021860 (0)

1. Corporation Name
CAN-AM IMMIGRATION CLINIC, INC.

Principal Place of Business	Mailing Address
~~3204 SE 11TH ST~~ ~~POMPANO BEACH FL 33062~~	~~3204 SE 11TH ST~~ ~~POMPANO BEACH FL 33062~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/19/1993	10/13/1994

4. FEI Number: 65-0393656 — 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

2. Principal Place of Business		2a. Mailing Address	
21	6245 N. Fed. Hwy	26	6245 N. Fed. Hwy.,
22 Suite, Apt. #, etc.	502	27 Suite, Apt. #, etc.	502,
23 City & State	Fort Lauderdale, Fl.	28 City & State	Fort Lauderdale, Fl.
24 Zip	33308	29 Zip	33308
25 Country	USA	30 Country	USA

9. Name and Address of Current Registered Agent

PARENTEAU, HELENE L
~~3204 SE 11TH STREET~~ 6245 N. Fed. Hwy, Ste 502,
~~POMPANO BEACH FL 33062~~ Fort Lauderdale, Fl.
33308

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 607.0502 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	PARENTEAU, HELENE L	1 2 NAME	
STREET ADDRESS	~~3204 SE 11TH STREET~~ 6245 N. Fed. Hwy, Ste 502	1 3 STREET ADDRESS	
CITY-ST-ZIP	~~POMPANO BEACH FL 33062~~ Fort Lauderdale, Fl. 33308	1 4 CITY-ST-ZIP	
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Helene Lacroix Parenteau — 4/25/95 — (305) 351-7063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103020 CP