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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000024505 (7)

CADANA CORP.

Principal Place of Business Mailing Address 19 W FLAGLER ST SUITE 305 BISCAYNE BLDG MIAMI FL 33130 19 W FLAGLER ST SUITE 305 BISCAYNE BLDG MIAMI FL 33130 2. Principal Place of Business 2a. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Mar 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified

NOT APPLICABLE

5. Certificate of Status Desired

03/24/1994

2			27				5. Certificate of Status Desired Fee Required	
City & Stat	О	28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country 25	29	Zip	Cour	itry	· u	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Regis	stered Agent				10. Name and Address of New Registered Agent	
KAPLAN, STANLEY P ESO					81	Name		
19 W FLAGLER ST SUITE 305 BISCAYNE BLDG MIAMI FL 33130				h	82 Street Address (P.O. Box Number is Not Acceptable) 83			
				L				
				['				
				ļ.	B4	City	FL 85 Zip Code	
office or r		f lori ons c	da Such change was a f, Section 607.0505, Flo	uthorized orida Statu	by ites	the corporati	oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registered when reinstating) DATE	
12.	OFFICERS AND			13.		n organization to require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		DELETE	1.1 TIT	Ę		Change Addit	
NAME	CELLINI, ROBERT J			1.2 NA)	AE	1		
STREET ADDRESS	19 W FLAGLER ST SUITE 305			1.3 STR	EET A	ADDRESS		
CITY-ST-ZIP	MIAMI FL			1.4 CIT	Y-ST	r-ZIP		
TITLE	SD	SD DELETE 2.1		2.1 1(1)	2.1 TITLE		Change Addi	
NAME	CELLINI, CRISTINA			2.2 NA	ЛE			
STREET ADDRESS	19 W FLAGLER ST SUITE 305			2.3 STR	EET /	ADDRESS		
CITY-ST-ZIP	MIAMI FL			2. 4 CII	Y-5	T-ZIP		
TITLE	VD		☐ DELETE	3.1 TITL	E		☐ Change ☐ Addit	
name	KAPLAN, STANLEY P			3.2 NAA	Æ			
STREET ADDRESS	19 W FLAGLER ST SUITE 305			3.3 STR	EE1 #	ADDRESS		
CITY-ST-ZIP	MIAMI FL			3.4. CIT	Y-S1	1-2IP		
TITLE			☐ DELETE	4 1 Titi	Ė		L] Change L] Addit	
NAME				4. 2 NA	ME			
STREET ADDRESS				4.3 STR	EET A	address)		
CITY - ST - ZIP				4.4 CiT		- 2 (P		
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NAME				5.2 NAN	AE.			
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CITY-ST-ZIP				5.4 CIT		- ZIP		
TITLE			☐ DELETE	6.1 1171			☐ Change ☐ Addit	
NAME				6.2 NA				
STREET ADDRESS				6.3 STR	EET #	ADDRESS		
CITY-ST-ZIP				6.4 CIT				
 I hereby of indicated 	certify that the information supplied with on this annual report or suppliemental a	this mous	filing does not qualify fo al report is true and acc	or the exer urate and	npti tha	ion stated in S t my sionatur	Section 119.07(3)(i), Florida Statutes. I further certify that the information is shall have the same legal effect as if made under oath; that I am an	

iver or trustee empowered to execute this report as required by Chapter 607. Florid officer or director of the corporation Block 12 or Block 13 if than good