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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000024505**1. Corporation Name

. Corporation Name

CADANA CORP.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90064 001 ***150.00

Principal Place	e of Business	Mailing Address		,		ı immirtar çıb imili binçi dibili ma	MIL BONG COLO	IIDII AIGAI AIKI	GRIDI GILI IGGI
19 W FLAGLER ST		19 W FLAGLER ST	19 W FLAGLER ST		\				
SUITE 305 BISCAYNE BLDG			SUITE 305 BISCAYNE BLDG		i			_	
MIAMI FL 33130		MIAM! FL 33130	MIAM! FL 33130		ļ	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 03/24/1994			
2. Principal P	Place of Business	2a. Mailing Address				4, FEI Number		Ar	oplied For
21		26				NOT APPLICABLE		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5, Certifcate of Status Desired		•	Additional
22		27				3, 35, and a 3 data 3 d			equired
City & Stat	te	City & State			1	6. Election Campaign Financing			May Be
23		28]				Trust Fund Contribution			to Fees
Zip	Country	Zip	Countr	У	ļ	8. This corporation owes the curr	ent year Int		, }
24	25		30			Personal Property Tax.	2	Yes	□No
	9. Name and Address of Cur	rent Registered Agent	8	1 Nam		10. Name and Address of New F	cegistereo .	Agent	
KΔPI	LAN, STANLEY P ESQ		(*	'Nam'					
	V FLAGLER ST		8:	2 Stree	t Addres	s (P.O. Box Number is Not Accepta	able)		
	TE 305 BISCAYNE BLDG			. 					
	MI FL 33130		8:	3					
INITAL	WI 1 L 30 130		84	4 City				85 Zip	Code
L				⊥			<u> </u>		
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	i502 and 607.1508, Florida Statute te of Florida. Such change was au	es, the abor ithorized b	ve-пате v the cor	d corpora poration's	ation submits this statement for the s board of directors. I hereby accer	purpose of of the appoi	changing its itment as re	registered gistered
agent. I a	ım familiar with, and accept the obli	gations of, Section 607.0505, Flor	ida Statute	S		· · · · · · · · · · · · · · · · · ·	, ,		j
SIGNATURE									
	Signature, typed or printed name of registered a			ent signatur	e required w	hen reinstating)	DATE	D DIDECTO	
12.	OFFICERS	AND DIRECTORS	13.		e required w	hen reinstating) ADDITIONS/CHANGES TO OF			
12.	PD		13. 1.1 TITLE	- <u>-</u> -	e required wi			D DIRECTO	DRS IN 12
12. TITLE NAME	OFFICERS PD CELLINI, ROBERT J	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	-					
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14. 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 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 fine attacts per land that my name appears in address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRIVIED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY PERAPLAN

Daytime Phone #

CR2E034 (11/9)