

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000077988 (1)

1. Corporation Name

CANARIAS IMPORT & EXPORT OF MIAMI, CORP.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

10/24/94

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9848 N. KENDALL DR.

26 9848 N. KENDALL DR.

4. FEI Number

65-0528247

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

MANUEL MARTINEZ

82 Street Address (P.O. Box Number is Not Acceptable)

9848 N. KENDALL DR.

83

B 203

84 City

MIAMI

FL

85 Zip Code

33176

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

SIGNATURE

L. Rivera

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/97

12. OFFICERS AND DIRECTORS

☐ DELETE

1 NAME

2 STREET ADDRESS

3 CITY-STATE-ZIP

4 TITLE

5 NAME

6 STREET ADDRESS

7 CITY-STATE-ZIP

8 TITLE

9 NAME

10 STREET ADDRESS

11 CITY-STATE-ZIP

12 TITLE

13 NAME

14 STREET ADDRESS

15 CITY-STATE-ZIP

16 TITLE

17 NAME

18 STREET ADDRESS

19 CITY-STATE-ZIP

20 TITLE

21 NAME

22 STREET ADDRESS

23 CITY-STATE-ZIP

24 TITLE

25 NAME

26 STREET ADDRESS

27 CITY-STATE-ZIP

11 TITLE

PTD

12 NAME

MANUEL MARTINEZ

13 STREET ADDRESS

9848 N. KENDALL DR. B-203

14 CITY-STATE-ZIP

MIAMI, FL 33176

21 TITLE

VSD

22 NAME

LILIAN RIVERA

23 STREET ADDRESS

9848 N. KENDALL DR. B-203

24 CITY-STATE-ZIP

MIAMI, FL 33176

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

51 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

500002176255

-05/13/97--01026--023

***165.00

14. I, the undersigned, 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 contained 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 a 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:

L. Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

(305) 2740694

CR2E034 (9/96)