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 #
1. Corporation Name

P94000078959 (1)

CANAIMA, INC.

FILED Feb 02 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address				i ikasiaali ita saria minis amisi anses kalise naist s	i rediindt fin imric minit oditi dati antit datit imper imper imper imper imper imper			
1001 S CONGRESS AVE			1001 S CONGRESS AVE								
DELRAY BEACH FL 33445		DEL	DELRAY BEACH FL 33445				DO NOT WRITE IN THE	DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified	3 SFACE			
							· ·				
2. Principal Place of	Business	2a. M	failing Address				10/25/1994 4. FEI Number		pplied For		
21			26				65-0528955				
Suite, Apt. #, etc.		Suite, Apt. #, etc.					SR 75 Additional				
22	27	27				5. Certificate of Status Desired	T	lequired			
City & State			City & State				6. Election Campaign Financing	\$5.00	May Be		
23		28	28				Trust Fund Contribution Added to Fees				
Zip	Country	Z	ip	Co	ountry		8. This corporation owes or has paid the o	urrent year In	ntangible		
24	25	29		30			Personal Property Tax due June 30.		□ No		
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
RIVERO, ANGEL O					81	Name			-		
1001 S CONGRESS AVE					82 Street Address (P.O. Box Number is Not Acceptable)						
DELRAY BEACH FL 33445											
					83						
					84	City		. 85 Zip	Code		
						0 17,	F				
11. Pursuant to the	provisions of Sections 607.05	02 and 607.	1508, Florida Statu	tes, the	above	-namec	d 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 Signature, typed or printed name of registered agent and title if approable. (NOTE: Registered Agent signature required when reinstating) DATE											
12, OFFICERS AND DIRECTORS							ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12		
TITLE PT	\$		DELETE	1.1	TITLE			☐ Change	Addition		
	INTSERRAT, LOZANO GR	AU		1.2	NAME		•				
STREET ADDRESS 1001 S CONGRESS AVENUE						ADDRESS					
	LRAY BEACH FL			1,4	CITY - S	T- ZIP					
TITLE VP			☐ DELETE	_	TITLE			Change	Addition		
NAME RIV	ERO, ANGEL O			2.2	NAME						
	O1 S CONGRESS AVE			2.3	STREET	ADDRESS					
CITY-ST-ZIP DE	LRAY BCH FL			2. 4	CITY - S	T-21P					
TITLE			DELETE	3.1	TITLE			☐ Change	☐ Addition		
NAME				3.2	NAME						
STREET ADDRESS				3.3	STREET	ADDRESS					
CITY-ST-ZIP				3.4.	CITY-S	T - ZIP					
TITLE			DELETE	4.1	TITLE			☐ Change	Addition		
NAME				4.2	NAME						
STREET ADDRESS				4.3	STREET	ADDRESS					
CITY-ST-ZIP				4.4	CITY-S	I - ZIP					
TITLE	<u></u>	, , , , , , , , , , , , , , , , , , , ,	☐ DELETE	5.1	TITLE			Change	Addition		
NAME				5.2	NAME						
STREET ADDRESS				5.3	STREET	ADDRESS	·				
CITY-ST-ZIP				5.4	CITY-SI	I-ZIP					
TITLE	······		DELETE		TITLE			☐ Change	☐ Addition		
NAME				6.2	NAME						
STREET ADDRESS				6.3	STREET	ADDRESS					
CITY-ST-ZIP				6.4	ÇITY-SI	I - ZIP	1.				

14. Thereby 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 on an attachment with an address.