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

FILED
95 MAY -1 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000084748 (0)**

1. Corporation Name

~~CANAM FISHERIES SERIES 1001, INC.~~

CAN-AM, INC.

p/c 5/1/95

Principal Place of Business: ~~2840 W BAY DR SUITE 215 BELLEAIR BLUFFS FL 34640~~ 443 PINELLAS BAYWAY UNIT 109 TIERRE VERDE FL 33715

Mailing Address: ~~2840 W BAY DR SUITE 215 BELLEAIR BLUFFS FL 34640~~ 443 PINELLAS BAYWAY UNIT 109 TIERRE VERDE FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1994

3a. Date of Last Report:

2. Principal Place of Business
21 443 PINELLAS BAYWAY
Suite, Apt #, etc
22 UNIT 109
City & State
23 TIERRE VERDE, FL 33715

2a. Mailing Address
26 443 PINELLAS BAYWAY
Suite, Apt #, etc
27 UNIT 109
City & State
28 TIERRE VERDE FL

4. FEI Number: 59-3280559 — 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

Zip 24 ·
Country 25 USA
Zip 29 33715
Country 30 USA

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

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE
CORAL GABLES FL 33134

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: (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	LOWES, DONALD P	1.2 NAME	LOWES, DONALD P
STREET ADDRESS	2840 W BAY DR SUITE 215	1.3 STREET ADDRESS	2840 W BAY DR SUITE 215
CITY, ST, ZIP	BELLEAIR BLUFFS FL 34640	1.4 CITY, ST, ZIP	Belleaire Bluffs, FL 34640
TITLE		2.1 TITLE	D ☐ Change ☒ Addition
NAME		2.2 NAME	Shalom Rubinoff
STREET ADDRESS		2.3 STREET ADDRESS	443 Pinellas Bay Way #109
CITY, ST, ZIP		2.4 CITY, ST, ZIP	Tierre Verde, FL 33715
TITLE		3.1 TITLE	V/D ☐ Change ☒ Addition
NAME		3.2 NAME	Marie Intini
STREET ADDRESS		3.3 STREET ADDRESS	443 Pinellas Bay Way, Unit 109
CITY, ST, ZIP		3.4 CITY, ST, ZIP	Tierre Verde, FL 33715
TITLE		4.1 TITLE	S ☐ Change ☒ Addition
NAME		4.2 NAME	Diane Intini
STREET ADDRESS		4.3 STREET ADDRESS	443 Pinellas Bay Way, Unit 109
CITY, ST, ZIP		4.4 CITY, ST, ZIP	Tierre Verde, FL 33715
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	400001488054
STREET ADDRESS		5.3 STREET ADDRESS	-05/16/95--01010--024
CITY, ST, ZIP		5.4 CITY, ST, ZIP	****200.00 ****200.00
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	RC

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)(k), 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: Diane Intini DIANE INTINI 5/1/95 (813) 864-3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Telephone Number

0361300 CP