FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996	Sandra B. Mortnam Socretary of State DIVISION OF CORPORATIONS					
DOCUMENT # 1. Corporation Name CENTRO CAMBIARIO	P95000017765 (5) CANTO, INC.					
Principal Place of Business 1538 N.W.1 3TH AVE. BOCA RATON FL 33486	Mailing Address 1598 N.W.1 3TH AVE. BOCA RATON FL 33486					
2. Principal Place of Business	2a. Mailing Address 26 P. O. Box 140681					
Suite, Apt. #, etc.						
City & State	City & State					



					3. Date Incorporated or Qualified 03/03/1995	3a. Date	of Last F	
ع. Principat Plac	ce of Business	2a. Mailing Address	. 1116	.(.6)	4. FEI Number	ul.	├ }	Applied For
21 Suite, Apt. #	ote	26 P. O. BOX	× 140	1 200	65-056620	4		Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State		City & State 28 CORAL GAB	LES, FL	_	Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees
Ζφ. 24	Country 25	29 33114-0261	Countr 30	y	This corporation has liability for it Florida Statutes		cunder s	199.032
	9. Name and Address of Current		-		10. Name and Address of New R	egistered A	igent	
			81	Name		- -		
	WOLFE, LARRY 200-A JOHN KNOX ROAD			Street Addir	ress (P.O. Box Number is Not Acceptab	lo)		
				Street Addr	less (i .o. box Number is Not Acceptab	iei		
TALLAF	HASSEE FL 32303-6643		83					·
			64	City		FL	85 Zi	ip Code
familiar with	a agent, or both, in the state of Figure 1, and accept the obligations of, Section	a. Soon change was authorize on 607.0505, Florida Statutes.	a by the corp	ooration's boar	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of cha pintment as	nging its i registered	registered office d agent. I am
	Signal insityand or printed name of registers agent a			nt signature required		DATE		
_ 12 . 	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFF			
NAME	CANTO, JORGE C	btttt	12 NAME			L	Change	☐ Addition
STREET ADDRESS	P.O. BOX 140681 N/A			I ADDOCCC				
City-St-7iP	CORAL GABLES FL 33114		14 CITY	T ADDRESS				
T-I(F	D	[] DELFIE	2 1 TITLE	SI · ZII·			1 Change	☐ Addition
NAM:	CANTO, CARLOS C		2 2 NAME				Juliange	[_] Notition
STREET ADORESS	P.O. BOX 140681 N/A			T ADDRESS				
CHY S1-ZIF	CORAL GABLES FL 33114		2 4 CITY-	1				
Tritt		DELFTE	3 1 TITLE			Г	Change	Addition
NAM:	CANTO, MIGUEL C		3 2 NAME			_	_ ,	_ _
STREET ADDRESS	P.O. BOX 140681 N/A		33 STREE	T ADDRESS				
COLY ST ZIP	CORAL GABLES FL 33114		3.4 CITY-	ST-ZIP				
THEF	U	☐ DELETE	4. 1 TITLE				Change	☐ Addition
VAV-	NEVAER, LOUIS V		4.2 NAME					
STREET ADDRESS	P.O. BOX 140681 N/A		4.3 STREE	T ADDRESS				
CITY ST ZIE	CORAL GABLES FL 33114		4.4 C(TY-	ST-ZIP				
101.5		☐ DELÉTE	5. 1 TITLE] Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREE	T ADDRESS				
0(b) -51 - 2(f)			5 4 CITY-	ST-ZIP				
7111.6		☐ DELETE	6 1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADORESS			63 STREE	T ADDRESS				
CDY-S1-ZIF			6 4 City-	ST - ZIP				
14 Trio hereby	certify that the information supplied we	ith this filing is voluntarily furnis			or the exemption stated in Section 110	07/2VIA Etos	ida Ctatu	daa 16 milaa

I do nereby 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 outh, that I am an officer or director of the componation or the required enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or an attachment with an address.

SIGNATURE:

LOUIS VARELA NEVAER