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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

FILED

May 13 1997 8:00am

Secretary of State

POCUMENT # P96000068206 (7)

CANS J, CO.

Principal Place of Business Mailing Address #119, 4631 NW 31ST AVE. #119, 4631 NW 31ST AVE. FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 3. Date Incorporated or Qualified 3a. Date of Last Report 08/15/1996 Principal Place of Business 2a. Mailing Address 4. FLI Number Applied For 65-0695924 Not Applicable 26 Sulte, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \square No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FILINGS, INC. 3732 N.W. 16TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33311-4132 83 84 Zio Code 85 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TO LE Addition UNCEIN, JOSE NAME 1.2 NAME #119, 4631 NW 31ST AVE. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33309 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 21 1016 NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE 31 11116 ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - S1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CHY - \$1 - ZIP CITY-ST-ZIP ■ DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-S1-ZIP DELETE ___ Change Addition TITLE 61 HILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - 7IP

14. Ido 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 on an attachment with an address.