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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068206

CANS J, CO.

Principal Place of Business #119, 4631 NW 31ST AVE.

FT. LAUDERDALE FL 33309

Mailing Address

#119, 4631 NW 31ST AVE. FT. LAUDERDALE FL 33309

FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90079 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

<u>08/15/1996</u>

		Do M. III Address			4. FEI Number	App	lied For	
2. Principal Pla	ace of Business	2a. Mailing Address		65-0695924	Not	Applicable		
21 26 5:::50 Apt #			***			\$8.75 A	dditional	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	Fee Rec	quired	
22		27			6. Election Campaign Financing	\$5.00	May Be	
City & State City & State					Trust Fund Contribution	Added to	, ,	
23 28			Country		8. This corporation owes the current year	r Intangible		
Zip	· — Country — — —			Personal Property Tax.		Yes	IZ No	
24	25		30		10. Name and Address of New Register	red Agent		
	9. Name and Address of Current	Registered Agent	81	Name	10. Hame and Address Control			
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132								
				82 Street Address (P.O. Box Number is Not Acceptable)				
				00 120 120 120 120 120 120 120 120 120 1			624 F 8 11 18 84	
				83				
			84	84 City 85 Zip Code			Code Car	
						<u>FLJ. L</u>		
11 Dureuant I	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the abov	e-named corp	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its	registered distered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was	authorized by lorida Statutes	the corporati	oration submits this statement for the purposion's board of directors. I hereby accept the a	ppolitorior ac i es		
agent. I ar	m familiar with, and accept the obligat	IONS OI, Section 007.0000; 1	orida Ototoro					
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NO	E: Registered Age	nt signature require	ed when reinstating) (1.15%) DAT			
	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICER			
12.		☐ DELETE	1.1 TITLE		17 1819.	☐ Change	Addition :	
TITLE	D	_	1.2 NAME		State of the state			
NAME	UNCEIN, JOSE			T ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	☐ DELETE	1.4 CITY-	51-211		☐ Change	Addition	
TITLE		☐ here ie	2.1 TITLE	Ì				
NAME	•		2.2 NAME		·			
STREET ADDRESS			2.3 STRE	ET ADORESS			:	
CITY-ST-ZIP			2. 4 CITY			Change	Addition	
TITLE		☐ DELETE	3.1 TITLE					
NAME			3.2 NAME		•			
STREET ADDRESS			3.3 STRE	ET ADDRESS	1、1、4、4、二、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、	经存货的收益等	\$500 PH 554	
			3.4. CITY	ST-ZIP	1925年,1915年1月1日 1915年	THE BUILD	3413 2.0	
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			4. 2 NAM					
NAME		•	4.3 STRE	ET ADDRESS				
STREET ADDRESS			4.4 CITY-		<u>_</u>			
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NAME				ET ADDRESS				
STREET ADDRESS	B)		5.4 CITY	Į.	$\mathfrak{r}_i = \mathfrak{r}_i$		•	
CITY-ST-ZIP	·	□ DELETE	6.1 TITLE			☐ Change	Addition	
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NAME				ļ	·			
STREET ADDRESS				ET ADDRESS	•			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I furth	or cortific that the	information	
OITT-31-ZIF	I ambiguitada	us as a file a door not qualify	for the evem	ntion stated in	n Section 119,07(3)(i), Florida Statutes, I furth	er centry that the	Indition	

4. I 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 number 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 /18/98 (954)565-7000 Daytime Phone # R2E034 (11/98)