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PROFIT CORPORATION ANNUAL REPORT 1**9**98 **DOCUMENT #**



ELORIDA DEPARTMENTI DE STATI

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000077997 (0)

CANO & GARCIA CORPORATION

Jun 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 8360 W. FLAGLER ST.: STE. 200 -8900 W. FLAGLER ST., STE. 200 / MIAMI FL 33144 MIAMI FL 33144 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1996 2. Principal Place of Business 4. FEI Number Applied For 65-0705058 Not Applicable 21 Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Zio Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 ☐ No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FERNANDEZ, ALEXANDER GSTOBAN ASGNOLD 8360 W. FLAGLER ST., STE. 200 A Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI-FL 33144 FLAGLER? R3 8360 84 City MIAMI Pursuant to the provisions of Socious 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. Lam familiar with, and agreen the obligations of Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Tille 1.1 TITLE 45ENC60 FERNANDEZ. ALEXANDER 1.2 NAME NAME FLAGLOR 8360 W. FLAGLER ST., STE. 200 P 13 STREET ADDRESS STREET ADDRESS . 33 144 MIAMI-FL 33144 14 CITY - ST- ZIP CITY-ST-ZIP Change DELETE Addition 2 1 DILE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2, 4 CITY - S1 - ZIP DELLITE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition TITLE DELETE 4.1 TITLE Change NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-7IP DELETE 1000025620**P**hange 5.1 TITLE TITLE NAME 5.2 NAME -06/17/98---01001---034 5.3 STREET ADDRESS ***158.00 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE ☐ Change ___ Addition TITLE 6.1 TITLE 6.2 NAME NAME **G.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 suppliemental 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 icht with an address