## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Aug 01 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088593 (4)

CANE CLASSICS USA, INC. Principal Place of Business Mailing Address 5893 ENTERPRISE PARKWAY #B 5893 ENTERPRISE PARKWAY #B FORT MYERS FL 33905 FORT MYERS FL 33905 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/25/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0711654 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZEHETNER, PETER 5893 ENTERPRISE PARKWAY #B 82 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33905 83 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TOTAL ZEHETNER, PETER NAME 1.2 NAME 5893 ENTERPRISE PARKWAY #B 1.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33905 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 1011.0 TITLE Arne-Norbert Kubecka Pres NAME 2.2 NAME Fenkenweg 14 STREET ADDRESS 23 STREET ADDRESS 87439 Kempton, Germany CITY-ST-ZIP 2 4 CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS **3.3 STREET ADDRESS** 3 4. CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition 4 1 1H LE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 DITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 53 STREET ADDRESS 54 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do 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

7/20/07

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