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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000014005 (7)

CAN-AM OF U S A, INC.

## FILED May 01 1998 8:00am Secretary of State



					ARRI BIRK BEK BUR	
Principal Plac		Mailing Address				
1539 GRANT ST						
HOLLINOOL	) PE 33019	HOLLINGOD FL 33019		DO NOT WRITE IN THIS	S SPACE	
				3. Date Incorporated or Qualified 02/10/1997	****	
2. Principal P	Place of Business	2a. Mailing Address			App	lied For
27 <i>2</i> 72	O TAPT ST	26 2720 TAF	757	4. FEI Number 0727609	Not /	Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> Ad Fee Requ	
City & Stat	Turood FC	City, & State	1 FC	6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	•
Zip	Country	Z(p	Country	8. This corporation owes or has paid the c		
	026 25	29 33020 30	<b>-</b>	Personal Property Tax due June 30.	Yes	-
	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered	d Agent	
FC	ORTIN, MICHEL		81 Name			
	SEQ GRANT ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	DLLYWOOD FL 33019		Sileet Add	inese (1.10), bux frumber is not Acceptable)	•	
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	<i>t</i>	83			
	Holl swood, 7	=6 33020	84 City	<b>F</b> i	85 Zip Co	ode
44 Diversant			the above-pamed co	rporation submits this statement for the purpose		registered
office or r	registered agent, or both, in the State of	of Florida. Such change was aut	horized by the corpora	ation's board of directors. I hereby accept the ap	ppointment as re	gistered
agent. I a	am familiar with and accept the obligat	tions of, Section 607.0505, Florid	la Statutes.	· ibu	do	
SIGNATURE	Signature, typed or printed name of registered agen	Levid title if enscircable (NOTE: B	egistered Agent signature requ	uirad when reinstaline)	/78	
12,	OF LICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	IN 12
TITLE	D	☐ DELETE	1.1 TITLE	1.00111011010110110110110110110110110110		Addition
NAME	FORTIN, MICHEL		1.2 NAME			
STREET ADDRESS		g TAFT ST	1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33019 #10/	/ywood, FC33020	1.4 City - St - ZiP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-SI-ZIP			2. 4 City-St-ZiP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS	1		5.3 STREET ADDRESS			
CITY+ST-ZIP		<u>.</u>	5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP	<u></u>		
				in Section 119.07(3)(i), Florida Statutes. I further ture shall have the same legal effect as if made t		
officer or	director of the corporation or the recei	ver or trustee empowered to exe		quired by Chapter 607, Florida Statutes; and tha		
Block 12	or Block 13 if changed, or on any ittac	hmentwith an address.				