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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000102076 (1)

THE CANZERI COMPANY, INC.

FILED Mar 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 601 BRICKELL KEY DRIVE SUITE 805 601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1997 2. Principal Place of Business 2a. Mailing Address Applied For Blanding Blud. 2747 Blanding Blud Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution Country Clau Country Zip
25 Clay 29 3 20 6
9. Name and Address of Current Registered Agent 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent **ALLAN & GALEGO** 601 BRICKELL KEY DRIVE SUITE 805 **MIAMI FL 33131** 102 *3*3868 DDLE BURG 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. Chapter of registered active and title if applicable SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PATRICIA N. CANZER/ LOY CRANDON BWD \$ 205 KEY BISCAYNE, PL BBIY9 1.1 TITLE Change TITLE PID 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-7IP Change Addition DELETE TITLE 2.1 TITLE top w. canzeri LOY CRANDON BWD #205 STREET ADDRESS 2.3 STREET ADDRESS BISCAYNG, PL 33149 CITY-ST-ZIP 2 4 CITY+ST-ZIP Addition 3) TITLE TITLE PAUL RIANDON BWD # C702 KEY BISCAYNGIFL 33149 MALIF 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 are expolemental 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 of the recover of 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 charged, or or appears an address

SIGNATURE:

3/9/98 (305) 345-9000