

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000000824

1. Corporation Name
ARCANO MULTISERVICES CORP.

Principal Place of Business
550 NW 128 ST.
NORTH MIAMI FL 33168

Mailing Address
550 NW 128 ST.
NORTH MIAMI FL 33168

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
01/05/1998

4. FEI Number
65-0805692

5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
7. This corporation owes the current year Intangible
Personal Property Tax.

Applied For
Not Applicable
\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees
Yes No

8. Name and Address of Current Registered Agent
CANO, ARNOLDO R
550 NW 128 ST.
NORTH MIAMI FL 33168

9. Name and Address of New Registered Agent

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: Arnoldo Cano President DATE: 04/12/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CANO, ARNOLDO R
550 NW 128 ST.
NORTH MIAMI FL 33168

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes; I further certify that the information indicated on this annual report is supplemental, annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; but 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:

4. Approval Not REQUIRED

04/17/99

(205) 294-4381