SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:25

DOCUMENT # **S88438** **(4)**

1. Corporation Name

CAN-TECH SERVICES, INC.

Principal Place of Business	Mailing Address
128 SAN REMO DR. **ISLAMORADA FL 33036**	**128 SAN REMO DR.** **ISLAMORADA FL 33036**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/21/1991**	3a. Date of Last Report: **04/26/1994**
4. FEI Number: **NOT APPLICABLE**	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Name and Title of Officer ☐	**$5.00** May Be Added to Fees
7. This corporation has subsidy for exemption tax under s. 199.032 (Florida Statutes) ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FERNANDEZ, EDUARDO
520 BRICKELL KEY DR.
SUITE 0-305
MIAMI FL 33131

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section 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 of new registered agent (if changing) Date

Signature of new registered agent (if changing)

12. OFFICERS AND DIRECTORS	13.
TITLE D NAME GEISSLER, JORG STREET ADDRESS 128 SAN REMO DR CITY-ST-ZIP ISLAMORADA FL	☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Del

14. I hereby certify that the information supplied with this filing is absolutely truthful and 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 be 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 above, or on an attachment with an address.

SIGNATURE: [signature] JOAC GEISSLER MAY 10/95 305-665 8VV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

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