

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Division of Corporations

APPROVED
AND
FILED

MAY 12 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V33779

(2)

To: Corporation Name

CANO TRADING GROUP, INC.

Principal Place of Business

520 BRICKELL KEY DRIVE
APT. #200
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE
APT. #200
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1992

3a. Date of Last Report

11/28/1994

4. FEI Number

65-0382789

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has money for a non-refundable fee under § 190.005,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANO, LUIS FELIPE
520 BRICKELL KEY DRIVE
#200
MIAMI FL 33131

81. Name

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

83

84. City

FL

85. 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 of Registered Agent (Signature of Registered Agent is required)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Part 1)

NAME	STREET ADDRESS	CITY & STATE
PO CANO, LUIS FELIPE 520 BRICKELL KEY DR. 200 MIAMI FL		
TD TRIBIN, PILAR 520 BRICKELL KEY DR. 200 MIAMI FL		

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY & STATE	5. Change	6. Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.005, 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 appears in Block 12, on Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Luis Felipe Cano
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-95

(35)312 46:260