


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

FILED

Feb 18 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **V33779** (2)
1. Corporation Name
CANO TRADING GROUP, INC.



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| Principal Place of Business 520 BRICKELL KEY DRIVE APT. #200 MIAMI FL 33131 | Mailing Address 520 BRICKELL KEY DRIVE APT. #200 MIAMI FL 33131-2607 |
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| 2. Principal Place of Business 21 701 Brickell Key Blvd Suite, Apt. #, etc. 22 Suite # 802 City & State 23 Miami, Fla Zip 24 33131 Country 25 USA | | 2a. Mailing Address 26 701 Brickell Key Blvd Suite, Apt. #, etc. 27 Suite #802 City & State 28 Miami, FL Zip 29 33131 Country 30 USA | | 3. Date Incorporated or Qualified 05/05/1992 | 3a. Date of Last Report 06/18/1996 |
| | | 4. FEI Number 65-0382789 | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

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| 9. Name and Address of Current Registered Agent CANO, LUIS FELIPE 520 BRICKELL KEY DRIVE APT. #200 MIAMI FL 33131 | | | | 10. Name and Address of New Registered Agent 81 Name CANO, LUIS Felipe 82 Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Key Blvd 83 Suite # 802 84 City Miami FL 85 Zip Code 33131 | | | |
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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 **Pilar Cano** **PILAR CANO** 1/13/97
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CANO, LUIS FELIPE 520 BRICKELL KEY DR. 200 MIAMI FL <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | CORRECT ADDRESS: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 Brickell Key Blvd #802 Miami, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TRIBIN, PILAR 520 BRICKELL KEY DR. 200 MIAMI FL <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | CORRECT ADDRESS: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 Brickell Key Blvd #802 Miami, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby 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 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Pilar Cano** 1/25/97 (305) 591-4135

CR2E034 (9/96)