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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

V44915 **DOCUMENT #** 1. Corporation Name

(9)

CANO YACHT REPAIR, INC.

Principal Place of Business Making Address]				
8260 S.W. 58TH ST. MIAMI FL 33143	8260 S.W. 58TH ST. MIAMI FL 33143								
					3. Date Incorporated or Qualified 06/19/1992		of Last Re 5/01/199		
2. Principal Pla 21	ce of Business	2a. Mailing Address 26	, a removal () or or or or or or or or or		4. FEI Number 65-0345157			Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	3		5. Cert ficate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zıp 24	Country 25	Zф 2 9	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes 🖫 Yes 🔲 No				
	9. Name and Address of Curr	ent Registered Agent		Т	10. Name and Address of New R	egistered	Agent		
			81	Name					
CANO, CARLOS F. 8260 S.W. 58TH ST. MIAMI FL 33143	82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)					
			83				7 1 -		
			84	City		FL	85 Zip) Code	
SIGNATURE.		starotherappiates in ND DIRECTORS	the Bagastered Apr	el soprature response	clysica renstating ADDITIONS/CHANGES TO OFF				
TITLE	PSD	DELETE	1 1 1171,6			[Change	Addition	
NAME	CANO, CARLOS F.		1.2 NAME						
STREET ADDRESS	8260 S.W. 58TH ST.			ADDRESS					
CITY-ST-ZIP	MIAMI FL	[T] DELETE	1.4 CITY - 2 2 1 TITLE	31 - Zio			Change	Addition	
TITLE NAME	VTD Cano, enma		2 2 NAME			L	Onunge		
STREET ADDRESS	8260 S.W. 58TH ST.		2.3 STREE	ADDRESS					
CITY - ST - ZIP	MIAMI FL		2.4 CITY - 3						
TITLE		DELETE	3 1 lifté]	Change	Addition	
NAME			3.2 N4Mi						
STREET ADDRESS			3.3 STHEE	r address					
CITY - S1 - ZIP			3.4 CITÝ - 1	ST-ZIP					
TITLE		☐ DELETE	4 1 TilluE			į	Change	☐ Addition	
NAME			4.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY - ST - ZIP TITLE		["] DELETE	4.4 CITY - 5.1 TIFLE	21 · 51·			7 Change	Addition	
NAME			5.2 NAME			'			
STREET ADDRESS				1 ADORESS					
CITY-ST-ZIP			5.4 CITY						
TITLE		DELETE	6 1 THLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	F ADDRESS					
CITY-ST-ZIF			6 4 CITY -	ST-ZiP		0200/11 51	1.00	1.5. 41	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR