SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (5)V66810 CACANA, CO. Mailing Address Principal Place of Business 2333 BRICKELL AVE 2333 BRICKELL AVE UL7-UL8 UL7-UL8 3a. Date of Last Report 3. Date Incorporated or Qualified MIAMI FL 33129 MIAMI FL 33129 01/20/1995 09/22/1992 Applied For **FEI Number** Mailing Address 2a. Principal Place of Business Not Applicable 65-0356814 26 21 \$8.75 Additional Suite Apt #, etc Suite, Apt # etc Certificate of Status Desired Fee Required 27 22 **\$5.00** May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Country Zφ] Yes [] No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STINSON, LOUIS JR. Street Address (P.O. Box Number is Not Acceptable) 82 1401 BRICKELL AVE NINTH FL 93 **MIAMI FL 33131** 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when ruinstaling) Signature, typed or printed name of registered agent and tale if applicable (3/96) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition DELETE 1.1 TiTeE TITLE CR2E034 1.2 NAME CANAHUATI, CAROLINA NAME 13 STREET ADDRESS 2333 BRICKELL AVE #906 STREET ADDRESS 1.4 CITY - \$1 - 2IP MIAM! FL Change Addition CITY-ST-ZIP DELETE 2 1 TITLE TITLE NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition 3 1 TITLE DELETE TITLE NAME 3 3 STREET ACCRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZiP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.0(1Y - ST - ZiP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE NAME 6.3 STREE! ADDRESS STREET ADDRESS 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my signature is a first or the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and 6 4 CITY - ST - ZIP or on an attachment with an address that my name appears in Block 12 or Block Apolina Canalyati (954)430 BILLY

SIGNATURE:

SIGNATURE AND SPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR