

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L68868 (3)
 1. Corporation Name
PRUCAN CORPORATION

Principal Place of Business 11900 Biscayne Blvd. Suite 760 Miami, FL 33181	Mailing Address 11900 Biscayne Blvd., Suite 760 Miami, FL 33181-2726
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2450 N.E. Miami Gardens Drive Suite, Apt #, etc 22 Second Floor City & State 23 North Miami Beach, Florida Zip 24 33180	2a. Mailing Address 26 2450 N.E. Miami Gardens Drive Suite, Apt #, etc 27 Second Floor City & State 28 North Miami Beach, Florida Zip 29 33180
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3. Date Incorporated or Qualified 04/26/1990	4. FEI Number 65-0190904	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
Supraski, Louis A. Esquire
11900 Biscayne Boulevard, Suite 760
New World Tower Bldg
Miami, FL 33181

10. Name and Address of New Registered Agent
 81 Name
Supraski, Louis A. Esquire
 82 Street Address (P.O. Box Number is Not Acceptable)
2450 N. E. Miami Gardens Drive
 83
Second Floor
 84 City
North Miami Beach, FL 85 Zip Code
33180

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: _____ (NOTE: Registered Agent's signature required when recoupling)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARDER, HARRY	
STREET ADDRESS	3845 BATHURST ST. #102	
CITY- ST- ZIP	TORONTO M3H3N2 CANADA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARDER, SHLOMO M.	
STREET ADDRESS	3845 BATHURST ST. #102	
CITY- ST- ZIP	TORONTO M3H3N2 CANADA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 319.07(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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *S. Stein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Marder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)