

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 26 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007803 (9)

1. Corporation Name

PRUCAN III, CORPORATION

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 11900 Biscayne Blvd. Suite 760 Miami, FL 33181 US | 11900 Biscayne Blvd Suite 760 Miami, FL 33181-2726 US |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 21 2. Principal Place of Business | 2a. Mailing Address |
| 21 2450 N.E. Miami Gardens Drive | 26 2450 N.E. Miami Gardens Drive |
| Suite, Apt #, etc. | Suite, Apt #, etc. |
| 22 Second Floor | 27 Second Floor |
| City & State | City & State |
| 23 North Miami Beach, Florida | 28 North Miami Beach, Florida |
| Zip | Zip |
| 24 33180 | 29 33180 |
| Country | Country |
| 25 Miami-Dade | 30 Miami-Dade |

| | |
|--|---|
| 3. Date Incorporated or Qualified | 11/24/1992 |
| 4. FEI Number | 65-0371958 |
| Applied for | <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**SUPRASKI, LOUIS A.
11900 BISCAYNE BLVD.
SUITE 760
MIAMI, FL 33162**

10. Name and Address of New Registered Agent

| | |
|--|--------------------------------------|
| 81 Name | SUPRASKI, LOUIS A. |
| 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARDER, HARRY | 1.2 NAME | |
| STREET ADDRESS | 3845 BATHURST ST. #102 | 1.3 STREET ADDRESS | 700002477047 - - 4 |
| CITY-ST-ZIP | TORONTO, CANADA | 1.4 CITY-ST-ZIP | -04/02/98 --01075--019 |
| TITLE | DST <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARDER, SHLOMO M | 2.2 NAME | |
| STREET ADDRESS | 3845 BATHURST ST., #102 | 2.3 STREET ADDRESS | ****158.75 ****158.75 |
| CITY-ST-ZIP | TORONTO, CANADA | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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-04/02/98 --01075--019
****158.75 ****158.75

14. I 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-98

Date

Typed Name

CR2E034 (10/97)