FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # K74910 (6)

1. Corporation Name
INTERCAN CONSULTANT USA CORP.

Principal Place of Business
200 S BISCAYNE BLVD., #4620
MIAMI FL 33131

Mailing Address
200 S BISCAYNE BLVD., #4620
MIAMI FL 33131

3. Date Incorporated or Qualified: 03/23/1989
3a. Date of Last Report: 04/11/1995
4. FEI Number: 65-0114899 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2100 N ATLANTIC BLVD	26 2100 N ATLANTIC BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FT LAUDERDALE	City & State 28 FT LAUDERDALE, FL
Zip 24 FL / Country 25 3335	Zip 29 3335 / Country 30 BROWARD

9. Name and Address of Current Registered Agent

KAPLAN, ABBEY
201 S. BISCAYNE BLVD.
1970 MIAMI CENTER
MIAMI FL 33131-2608

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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
DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	FAIRMAN, NEIL		1.2 NAME	
STREET ADDRESS	200 S BISCAYNE BLV #4620		1.3 STREET ADDRESS	2100 N ATLANTIC BLVD
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33305
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	000001841870
STREET ADDRESS			6.3 STREET ADDRESS	-05/29/96--01018--035
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***225.00

5/28

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)(x), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20 Date
(305) 358 3323 Daytime Phone #

CR2E034 (12/95)