

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 645794 (9)

1. Corporation Name
EXCOSAN, INC.

Principal Place of Business

Mailing Address

7232 N.W. 79TH TERRACE
MIAMI FL 33166

7232 N.W. 79TH TERRACE
MIAMI FL 33166



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

BERGNES, GABRIEL DIAZ (ESQUIRE)
45 S.W. 36TH CT.
MIAMI FL 33135

3. Date Incorporated or Qualified
11/20/1979

3a. Date of Last Report
03/31/1995

4. FLL Number

59-1952389

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

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

Signature of person providing information of registered agent (Block 10) (Block 11)

(Block 10) Registered Agent's signature required when requesting change

(Block 11)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME AULET, JORGE V.
STREET ADDRESS 7810 S.W. 29 ST.
CITY-ST-ZIP MIAMI FL

DELETE

TITLE STD
NAME AULET, ISABEL M.
STREET ADDRESS 7810 S.W. 29 ST.
CITY-ST-ZIP MIAMI FL

DELETE

TITLE D
NAME LANZA, FRANCISCO J.
STREET ADDRESS 10450 SW 19 ST
CITY-ST-ZIP MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE V. AULET

6/07/96

305 884-6165

CR2E034 (3/96)