

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

CORPORATION  
ANNUAL REPORT  
1995



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

95 APR 27 AM 8:42

DOCUMENT # **F17394** (0)  
1. Corporation Name  
**COSCAN FLORIDA, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
21169 YACHT CLUB DRIVE AVENTURA FL 33180  
21169 YACHT CLUB DRIVE AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	20803 Biscayne Blvd.	26	20803 Biscayne Blvd.	01/23/1981	02/11/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 103		27 103		98-0046950	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Aventura, FL		28 Aventura, FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24 33180	25 U.S.A.	29 33180	30 U.S.A.	<input type="checkbox"/>	
B. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
WOLFE, LEON J ESQ. 100 S.E. 2ND STREET 38TH FLOOR MIAMI FL 33131-2130				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
83		35th Floor		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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRATT, JOHN P	12 NAME	PRINGLE, BILL
STREET ADDRESS	181 BAY STREET, SUITE 4200	13 STREET ADDRESS	181 BAY STREET, SUITE 4200
CITY - ST - ZIP	TORONTO ON	14 CITY - ST - ZIP	TORONTO, ONTARIO M5J 2T3
TITLE	D	21 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE GROOT, JOHN	22 NAME	CULLINGWORTH, ROSS
STREET ADDRESS	181 BAY STREET, SUITE 4200	23 STREET ADDRESS	181 BAY STREET, SUITE 4200
CITY - ST - ZIP	TORONTO ON	24 CITY - ST - ZIP	TORONTO, ONTARIO M5J 2T3
TITLE	D	31 TITLE	DP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMONDIN, RICHARD	32 NAME	LAMONDIN, RICHARD
STREET ADDRESS	21169 YACHT CLUB DRIVE	33 STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 103
CITY - ST - ZIP	AVENTURA FL	34 CITY - ST - ZIP	AVENTURA, FLORIDA 33180
TITLE	D	41 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, TIM	42 NAME	SEMLER, DANIEL
STREET ADDRESS	21169 YACHT CLUB DRIVE	43 STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 103
CITY - ST - ZIP	AVENTURA FL	44 CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	P	51 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE GROOT, JOHN	52 NAME	VISENTIN, ROBERT
STREET ADDRESS	181 BAY STREET, SUITE 4200	53 STREET ADDRESS	181 BAY STREET, SUITE 4200
CITY - ST - ZIP	TORONTO ON	54 CITY - ST - ZIP	TORONTO, ONTARIO M5J 2T3
TITLE	SVT	61 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARDACHUK, GRANT E	62 NAME	MOYSEVICH, LINDA
STREET ADDRESS	181 BAY STREET, SUITE 4200	63 STREET ADDRESS	181 BAY STREET, SUITE 4200
CITY - ST - ZIP	TORONTO ON	64 CITY - ST - ZIP	TORONTO, ONTARIO M5J 2T3

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 110.07(3)(b), 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: X Daniel R. Semler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/19/95 Time: 305-935-0255