

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F17394 (0)

1. Corporation Name

COSCAN FLORIDA, INC.

Principal Place of Business

20803 BISCAYNE BLVD
103
AVENTURA FL 33180
US

Mailing Address

20802 BISCAYNE BLVD
103
AVENTURA FL 33180
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 20803 Biscayne Blvd.

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/23/1981

3a. Date of Last Report
04/27/1995

4. FEI Number

98-0046950

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D PRINGLE, BILL
181 BAY STREET, SUITE 4200
TORONTO ON

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DV CULLINGWORTH, ROSS
181 BAY STREET, SUITE 4200
TORONTO ON

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP LAMONDIN, RICHARD
20803 BISCAYNE BLVD SUITE 103
AVENTURA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST SEMLER, DANIEL
20803 BISCAYNE BLVD SUITE 103
AVENTURA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V VISENTIN, ROBERT
181 BAY STREET, SUITE 4200
TORONTO ON

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AS MOYSEWIK, LINDA
181 BAY STREET, SUITE 4200
TORONTO ON

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)(k), 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

Daniel Semler

4/30/96

(305) 935-0255

Date

Daytime Phone

CR2E034 (12/95)