FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 FEB 19 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F17394** **(0)**

1. Corporation Name
COSCAN FLORIDA, INC.

Principal Place of Business	Mailing Address
20803 BISCAYNE BLVD 103 AVENTURA FL 33180 US	20803 BISCAYNE BLVD 103 AVENTURA FL 33180-1429 US

3. Date Incorporated or Qualified: 01/23/1981
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 ___ 22 Suite, Apt. #, etc. ___ 23 City & State ___ 24 Zip ___ 25 Country ___
2a. Mailing Address: 26 ___ 27 Suite, Apt. #, etc. ___ 28 City & State ___ 29 Zip ___ 30 Country ___

4. FEI Number: 98-0046950 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX — $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

9. **Name and Address of Current Registered Agent**
WOLFE, LEON J ESQ.
100 S.E. 2ND STREET
35TH FLOOR
MIAMI FL 33131-2130

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

800002091828--2
-02/19/97--01022--022
****173.75 ****173.75

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Delete
D	PRINGLE, BILL	181 BAY STREET, SUITE 4200	TORONTO ON	XX DELETE
DV	CULLINGWORTH, ROSS	181 BAY STREET, SUITE 4200	TORONTO ON	☐ DELETE
DP	LAMONDIN, RICHARD	20803 BISCAYNE BLVD SUITE 103	AVENTURA FL	☐ DELETE
ST	SEMLER, DANIEL	20803 BISCAYNE BLVD SUITE 103	AVENTURA FL	☐ DELETE
V	VISENTIN, ROBERT	181 BAY STREET, SUITE 4200	TORONTO ON	☐ DELETE
AS	ZESSNER, MICHAEL	181 BAY STREET, SUITE 4200	TORONTO, ON	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	Title	Name	Street Address	City-St-Zip	Change	Addition
1	VP	SUSAN ALPER	20803 BISCAYNE BLVD. STE. 103	AVENTURA, FL 33180	☐	XX
2	VP	CHARLES B. HALL, JR.	20803 BISCAYNE BLVD. STE. 103	AVENTURA, FL 33180	☐	XX
3	AVP & AS	ROBERTA TACHER	20803 BISCAYNE BLVD. STE. 103	AVENTURA, FL 33180	☐	XX
4	VP	ALBERT PIAZZA	20803 BISCAYNE BLVD. STE. 103	AVENTURA, FL 33180	☐	☐
5	D	VISENTIN, ROBERT	181 BAY STREET, SUITE 4200	TORONTO, ON	☐	XX
6					☐	☐

2/19/97

CR2E034 (9/96)

14. I do 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: BY Roberta Tacher ROBERTA TACHER — 2/18/97 — (305) 935-0255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #