

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
20803 BISCAYNE BLVD
103
AVENTURA FL 33180
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 98-0046950	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WOLFE, LEON J ESQ. 100 S.E. 2ND STREET 35TH FLOOR MIAMI FL 33131-2130		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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	PD
NAME	ALPER, SUSAN	1.2 NAME	Lamondin, Richard E.
STREET ADDRESS	20803 BISCAYNE BLVD., STE. 103	1.3 STREET ADDRESS	20803 Biscayne Blvd., Suite 103
CITY-ST-ZIP	AVENTURA FL 33180	1.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	VP	2.1 TITLE	VS
NAME	HALL, CHARLES B JR.	2.2 NAME	Semler, Daniel
STREET ADDRESS	20803 BISCAYNE BLVD., STE. 103	2.3 STREET ADDRESS	20803 Biscayne Blvd., Suite 103
CITY-ST-ZIP	AVENTURA FL 33180	2.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	AVAS	3.1 TITLE	D
NAME	TACHER, ROBERTA	3.2 NAME	Pringle, Bill
STREET ADDRESS	20803 BISCAYNE BLVD SUITE 103	3.3 STREET ADDRESS	181 Bay Street, Suite 4300
CITY-ST-ZIP	AVENTURA FL 33180	3.4 CITY-ST-ZIP	Toronto, Ontario Canada OCMDJ2T3
TITLE	VP	4.1 TITLE	V
NAME	PIAZZA, ALBERT	4.2 NAME	Kerrigan, Paul
STREET ADDRESS	20803 BISCAYNE BLVD SUITE 103	4.3 STREET ADDRESS	181 Bay Street, Suite 4300
CITY-ST-ZIP	AVENTURA FL 33180	4.4 CITY-ST-ZIP	Toronto, Ontario Canada OCMDJ2T3
TITLE	VD	5.1 TITLE	AS
NAME	VISENTIN, ROBERT	5.2 NAME	Zessner, Michael
STREET ADDRESS	181 BAY STREET, SUITE 4200	5.3 STREET ADDRESS	181 Bay Street, Suite 4300
CITY-ST-ZIP	TORONTO, ONTARIO CANADA	5.4 CITY-ST-ZIP	Toronto, Ontario Canada OCMDJ2T3
TITLE	DV	6.1 TITLE	
NAME	CULLINGWORTH, ROSS	6.2 NAME	
STREET ADDRESS	181 BAY STREET, SUITE 4200	6.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA	6.4 CITY-ST-ZIP	

14. I 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: *Roberta Tacher* Roberta Tacher 4-21-98 (305) 935-0255

CR2E034 (10/97)