FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000001698 (9)**

1. Corporation Name

VUESCAN, INC.

Principal Place of Business	Mailing Address
1143 W. NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442	1143 W. NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442

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

3. Date Incorporated Or Qualified: **04/04/1994**

3a. Date of Last Report: **02/22/1995**

4. FEI Number: **65-0477394** ☐ 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. [X] Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
TALLAHASSEE FL 32301

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

FAX

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	BALSAM, GARY	
STREET ADDRESS	1143 W. NEWPORT CENTER DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VSTD	☐ DELETE
NAME	GOTOH, KENTARO	
STREET ADDRESS	1143 W. NEWPORT CENTER DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	CD	☐ DELETE
NAME	OHTSU, MASAKAZU	
STREET ADDRESS	% ITOCHU INT'L., 335 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	D	☐ DELETE
NAME	TOGE, MITSUHIDE	
STREET ADDRESS	% ITOCHU INT'L., 335 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ DELETE
NAME	AIKAWA, HIROSHI	
STREET ADDRESS	% ITOCHU INT'L., 335 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	AS	☐ DELETE
NAME	SENDYK, KAREN B	
STREET ADDRESS	% ITOCHU INT'L., 335 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	☐ Change ☒ Addition
12 NAME	Bandel, Ron	
13 STREET ADDRESS	1143 W. Newport Center Drive	
14 CITY-ST-ZIP	Deerfield Beach, FL 33442	
21 TITLE	Controller	☐ Change ☒ Addition
22 NAME	Maguire, John	
23 STREET ADDRESS	1143 W. Newport Center Drive	
24 CITY-ST-ZIP	Deerfield Beach, FL 33442	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is accurate, furnished and does not qualify for the exemptions 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 added above or on an attachment with an address.

SIGNATURE: John Maguire John Maguire Controller (954)427-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #