
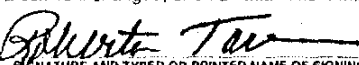


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>K15811</b> (8)			
1. Corporation Name <b>COSCAN WATERWAYS, INC.</b>			
Principal Place of Business <b>20803 BISCAYNE BLVD 103 AVENTURA FL 33180 US</b>		Mailing Address <b>20803 BISCAYNE BLVD. 103 AVENTURA FL 33180-1429 US</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified <b>02/19/1988</b>			
3a. Date of Last Report <b>05/01/1996</b>			
4. FEI Number <b>65-0053485</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>WOLFE, LEON J ESQ 100 SE 2ND STREE MIAMI FL 33131-2130</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMONDIN, RICHARD	1.2 NAME	HALL, CHARLES B., JR.
STREET ADDRESS	20803 BISCAYNE BLVD. SUITE 103	1.3 STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 103
CITY - ST - ZIP	AVENTURA FL	1.4 CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRINGLE, BILL	2.2 NAME	VISENTIN, ROBERT
STREET ADDRESS	181 BAY ST. STE 4200	2.3 STREET ADDRESS	181 BAY STREET, SUITE 4200
CITY - ST - ZIP	TORONTO CA	2.4 CITY - ST - ZIP	TORONTO, CANADA
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CULLINGWORTH, ROSS	3.2 NAME	ZESSNER, MICHAEL
STREET ADDRESS	181 BAY STREET, SUITE 4200	3.3 STREET ADDRESS	181 BAY STREET, SUITE 4200
CITY - ST - ZIP	TORONTO ON	3.4 CITY - ST - ZIP	TORONTO, CANADA
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEMLER, DANIEL	4.2 NAME	PIAZZA, ALBERT
STREET ADDRESS	20803 BISCAYNE BLVD, SUITE 103	4.3 STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 103
CITY - ST - ZIP	AVENTURA FL	4.4 CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	ASV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACHER, ROBERTA	5.2 NAME	
STREET ADDRESS	20803 BISCAYNE BLVD, SUITE 103	5.3 STREET ADDRESS	
CITY - ST - ZIP	AVENTURA FL	5.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPER, SUSAN	6.2 NAME	
STREET ADDRESS	20803 BISCAYNE BLVD STE 103	6.3 STREET ADDRESS	
CITY - ST - ZIP	AVENTURA FL 33180	6.4 CITY - ST - ZIP	
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: 		4/16/97 (305) 935-0255	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)