

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 # K15811 (8)**  
1. Corporation Name  
**COSCAN WATERWAYS, INC.**



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/19/1988**

4. FEI Number

**65-0053485**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**WOLFE, LEON J ESQ**  
**100 SE 2ND STREE**  
**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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PD**  
**LAMONDIN, RICHARD**  
**20803 BISCAYNE BLVD. SUITE 103**  
**AVENTURA FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D**  
**PRINGLE, BILL**  
**181 BAY ST. STE 4200**  
**TORONTO CA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**ST**  
**SEMLER, DANIEL**  
**20803 BISCAYNE BLVD, SUITE 103**  
**AVENTURA FL** ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**ASV**  
**TACHER, ROBERTA**  
**20803 BISCAYNE BLVD, SUITE 103**  
**AVENTURA FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**VP**  
**ALPER, SUSAN**  
**20803 BISCAYNE BLVD STE 103**  
**AVENTURA FL 33180**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☒ Addition

**VP**  
**Hall, Jr., Charles B.**  
**20803 Biscayne Blvd., Suite 103**  
**Aventura, FL 33180**

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☒ Addition

**VP**  
**Piazza, Albert**  
**20803 Biscayne Blvd., Suite 103**  
**Aventura, FL 33180**

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☒ Addition

**VP**  
**Semler, Daniel**  
**20803 Biscayne Blvd., Suite 103**  
**Aventura, FL 33180**

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☒ Addition

**VP**  
**Kerrigan, Paul**  
**181 Bay Street, Suite 4300**  
**Toronto, Ontario Canada OCMDJ2T3**

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☒ Addition

**AS**  
**Zessner, Michael**  
**181 Bay Street, Suite 4300**  
**Toronto, Ontario Canada OCMDJ2T3**

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)