SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # K49446 (3)TERRACAN S.E. CORPORATION Principal Place of Business Mailing Address BURGESS & COMPANY INC C/O CANTRELL WEAVER_BUGESS 580 VILLAGE BLVD.. SUITE 330 580 VILLAGE BLVD. SUITE 330 WEST PALM BEACH FL 33409 WEST BALM BEACH FL 33409 3. Date Incorporated or Qualified 3a. Date of Last Report 11/29/1988 05/01/1995 2. Principal Place of Business Mailing Address 4, FEI Number Applied For BURGESS & COMPANY, INC 98-0099820 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 580 VILLAGE Blud STE 330 5, Certificate of Status Desired 22 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Z_{PP} 8. This corporation has liability for intangible tax under s. 199 032 29 3340 24 25 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 BURGESS, ROBERT-C. Robert BURGESS 580 VILLAGE BLVD. R2 Street Address (P.O. Box Number is Not Acceptable) SUME 150 83 WEST PALM BEACH FL 33340 330 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type dior printed name of registered agent and title flappings a (NOM). Registered Age of signar are required when reach a regi-12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/6)DELETE DP TITLE 1.1 TITLE ROTENBERG, BARRY NAME 1.2 NAME 1300-2 FIRST CANADIAN PLACE STREET ADDRESS 1.3 STREET ADDRESS TORONTO, ONT. CANADA CITY-S1-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TIFLE Change Addition WOLF, ROBERT NAME 2.2 NAME 1300-2 FIRST CANADIAN PLACE STREET ADDRESS 2.3 STREET ADDRESS TORONTO, ONT. CANADA CITY - ST- ZIP 2 4 City - \$1 - ZiP TITLE DELETE 3.1 TITLE Change Addition NORTZMAN, HOWARD NAME 3.2 NAME 1300-2 FIRST CANADIAN PLACE STREET ADDRESS 3.3 STREET ADDRESS TORONTO, ONT CAMADA CITY - ST - ZIP 3.4 City-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - ST - Z)P TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5 4 CITY - ST - ZIP DELETE TITLE 6.1 III. F Change Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supp with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 on this annual report or supplemental annual report is true and accurate annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it comporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and further certify that the information indicat made under oath, that I am an office that my name appears in Block 12 oed, or on an attachmen 🗫 in an address

LOZOWSKY

INTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

416 866-5580