

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90102 017 ***150.00

DOCUMENT # L25384

1. Corporation Name
QUECAN, INC.

Principal Place of Business
425 PLACE JACQUES CARTIER
SUITE 400
MONTREAL, QUEBEC, CANADA H2Y 3-1
US

Mailing Address
425 PLACE JACQUES CARTIER
SUITE 400
MONTREAL, QUEBEC, CANADA H2Y 3-1
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/26/1989

4. FEI Number
98-0109078

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip H2Y 3B1 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip H2Y 3B1 30 Country

9. Name and Address of Current Registered Agent

M & W AGENTS, INC.
ONE DATRAN CENTER PHI
9100 S DADELAND BLVD
MIAMI FL 33156

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 DP
NAME SHAPIRO, MARK
STREET ADDRESS 425 PL JACQUES CARTIER
CITY-ST-ZIP MONTREAL, QUEBEC, CAN ☐ DELETE

TITLE DV
NAME BROWNSTEIN, MORTY
STREET ADDRESS 425 PL JACQUES CARTIER
CITY-ST-ZIP MONTREAL, QUEBEC, CAN ☐ DELETE

TITLE DST
NAME WOLFE, HARVEY
STREET ADDRESS 425 PL JACQUES CARTIER
CITY-ST-ZIP MONTREAL, QUEBEC, CAN ☐ DELETE

TITLE AS
NAME SHAPIRO, BARRY H.
STREET ADDRESS 800 PLACE VICTORIA #4700
CITY-ST-ZIP MONTREAL, QUEBEC, CAN ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, upon an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 17/99 514-861-8020
Date Daytime Phone #

CR2E034 (1/1/98)

0001489