


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90069 049 ***150.00

DOCUMENT # L25384 1. Entity Name QUECAN, INC.	
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Principal Place of Business 425 PLACE JACQUES CARTIER SUITE 400 MONTREAL, QUEBEC, CANADA, h2y-3b1	Mailing Address 425 PLACE JACQUES CARTIER SUITE 400 MONTREAL, QUEBEC, CANADA, H2Y- -B1
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94067869



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0109078	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent M & W AGENTS, INC. ONE DATRAN CENTER PHI 9100 S DADELAND BLVD MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAPIRO, MARK 425 PL JACQUES CARTIER MONTREAL, QUEBEC, CAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWNSTEIN, MORTY 425 PL JACQUES CARTIER MONTREAL, QUEBEC, CAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WOLFE, HARVEY 425 PL JACQUES CARTIER MONTREAL, QUEBEC, CAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHAPIRO, BARRY H. 800 PLACE VICTORIA #4700 MONTREAL, QUEBEC, CAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with a similar like empowered.

SIGNATURE: HARVEY WOLFE  2004-04-22 (514) 861-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #