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

'PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P92000011442 (0)

MOLCAN, INC.

Principal Plac	e of Business	Mailing Address					C 100 130 DI (CD 10) (CD 10) (CD 10) (CD 11) (CD 11)		OFFIC CIBIL STRIC	\$ (1 8 1 1 98)
8809 COLLINS AVENUE MIAMI BEACH FL 33141		1901 BRICKELL AVE. B1504 MIAMI FL 33129-1724								
		US	C 00160-1-154				3. Date Incorporated or Qualified	3a. D	ate of Last R	Report
							12/14/1992		26/1996	,
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number			pplied For
21		26	26				65-0379118		- + · ·	ot Applicable
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.						\$8.75	Additional
22		27					5. Certificate of Status Desired	L	Fee Re	equired
City & State		City & State					6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zq.	1	Countr	У		8. This corporation has liability for			i. 19 9. 032 ,
24	25	29		30					□ No	
	9. Name and Address of Current	Registere	d Agent		т.		10. Name and Address of New R	egistered	Agent	
	n, Donald J			81		Name	•			
	71 STREET		82 Street Ad			Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
MIAM	WI BEACH FL 33141				ļ.					
3				83	1					
				84	+	City			85 Zip (Code
			***************************************			1		FL	<u>. </u>	
11. Pursuant	to the provisions of Sections 607.0502 registered agont, or both, in the State c im familiar with, and accept the obligat	and 607-1 LElorida S	508, Florida Stati Such chance was	ites, the abov authorized b	e. v 1	named corpo the corporatio	eration submits this statement for the on's board of directors. I hereby acce	purpose o	of changing it contraint as	ts registered registered
agent. I a	im familiar with, and accept the obligat	ions of, Sc	ction 607.0505, F	Iorida Statute	S.					g
SIGNATURE										
40	Signature typed or printed name of registered agent OFFICERS AND			11 Hegisterec Aç	Crit	Lagnature required	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	D DIDECTOR	OC IN 10
12.	PSTD	DIRECTO	DELETE	1.1 TITLE		т т	ADDITIONS/CHANGES TO OFF	CENS AM	Change	Addition
NAME	MOLINA, OSCAR E			1.2 NAME				1	Change Change	L / Kidilion
STREET ADDRESS	1901 BRICKELL AVE., #B1504			1.3 STREE		bratee				
	MIAMI FL								,	
CITY-ST-ZIP TITLE	V		DELETE	1.4 CITY - 2.1 TITLE	51-	- 707		*****	Change	Addition
NAME	MOLINA, JOSE' G		_ breeze	2.2 NAME					C Onango	riduition
STREET ADDRESS	1901 BRICKELL AVE., B-1504			2.3 STREE	LA	procee	•			
1	MIAMI FL			2.3 SINCE 2. 4 CITY						
CITY-ST-ZIP	M		DELETE	3.1 TITLE	31	· 71t	······································		Change	Addition
NAME	MOLINA, ANA B			3.2 NAME						
STREET ADDRESS	1901 BRICKELL AVE, B-1504			3.3 STREE	1 4	.nnnecc				
CITY-ST-ZIP	MIAMI FL			3.4. CHY-						
TITLE			DELETE	4.1 TrillE	91				Change	Addition
NAME			_	4. 2 NAME					_ •	
STREET ADDRESS				4.3 STREE		DDRESS				
CITY-ST-ZIP				4.4 CITY -						
TITLE	<u></u>		DELETE	5.1 TITLE					Change	Addition
NAME				5.2 NAME					-	
STREET ADDRESS				5.3 STREE		DURESS				
CITY-ST-ZIP				5.4 CITY -						
TITLE			DELETE	6.1 THE					Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	1 A	DDRESS				
CITY-ST-7IP				640074						

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 prin at all achieves with an address.

14-51-93

(305)1660100

FILED

Apr 25 1997 8:00am

Secretary of State