FÍLE NÒW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 APR 30 PM 1:51 DOCUMENT # P9400068679 (7) SECRETARY OF STATE TALLAHASSEE, FLORIDA MOCAAN, INC. Mailing Address Principal Place of Business 701 BRICKELL AVE., SUITE 3000 701 BRICKELL AVE., SUITE 3000 MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/19/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 21 65-0536153 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 3000** 60000251 <u> 1486-</u> -05/05/98--01114--005 83 **MIAMI FL 33133 98 12 16 18 18 18 18 18** 84 City 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 (NOTF: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. **X** DELETE K Change Addition 1.1 TITLE TITLE FAHLE, DETLEF Stormann, Detlef F. NAME 1.2 NAME CR2E034 701 BRICKELL AVE., SUITE 3000 701 Brickell Avenue, Ste. 3000 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** 1.4 CITY-ST-ZIP Miami, FL 33131 CITY T- 7(P DELETE Change Addition 2.1 TITLE LASAGA, MANUEL NAS 2.2 NAME 701 BRICKELL AVE., SUITE 3000 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 2.4 CHY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Chang 6.1 THILE Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 informatic 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 trusted 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 tiddress.

4_20_0R