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 #** P95000008873 (8) **TOUCAN ENTERPRISES. INC.** Principal Place of Business Mailing Address 10722 LA PLACIDA DRIVE, UNIT B-4 4691 NORTH UNIVERSITY DRIVE CORAL SPRINGS FL 33065 SUITE 436 CORAL SPRINGS FL 33067 3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1995 Principal Place of Business 28. Mailing Address 4691, NORTH UNIVERITE 26 DRIVE, SUTIL 346, SPRAL SPRINGS Applied For 21 Not Applicable Suite, Apt #, etc \$8.75 Additional SUITE 346 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution Country S. A. Zip 8. This corporation has liability for intangible tax under s. 199 032 24 Yes 🔀 No 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **AMERILAWYER** 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL GABLES FL 33134** 83 Zip Code 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. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

INATURE Suppose August Augus miela John DANIELA GALSKI
typied no printing figure of registered agreel and lide if applicable (NOTE isterod Agent signatura reguned when reinstating: OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)TITLE DELETE 1.1 DE F Change Addition NAME Galski, Daniela M 1.2 NAME CR2E034 10722 LA PLACIDA DRIVE, UNIT B-4 STREET ADDRESS 13 STREET ADDRESS CORAL SPRINGS FL 33065 CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY - ST ZIP DELETE TITLE 3.1 TITLE Addition Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CHTY-ST-ZIP TITLE] D€LETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - \$1 - 212 5.4 C/TY - ST - ZIP DELETE TITLE Change ____ Add:tion 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 CITY - ST- ZIP I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

954-340-2848