

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000051562 (3)

1. Corporation Name

ICANECT, INC.



Principal Place of Business

Mailing Address

~~200 S. DISCAYNE BLVD.~~  
~~SUITE 1050~~  
~~MIAMI FL 33131-2394~~

~~200 S. DISCAYNE BLVD.~~  
~~SUITE 1050~~  
~~MIAMI FL 33131-2394~~

3. Date Incorporated or Qualified

06/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1020 N.W. 163rd Drive

26 1020 N.W. 163rd Drive

4. FEI Number

65-0570711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 N. MIAMI, FLORIDA

28 N. MIAMI, FLORIDA

Zip Country

Zip Country

24 33169 25 USA

29 33169 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNETT, JOSH N.  
200 S. DISCAYNE BLVD.  
SUITE 1050  
MIAMI FL 33131-2394

81 Name

Richard J. Alan Cahan, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Becker & Poliakoff, Esq.

83 5201 Blue Lagoon Drive, Suite 100

84 City Miami

FL

85 Zip Code

33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 reinstalling)

DATE

4/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME HURWITZ, ELMER  
STREET ADDRESS 1020 N.W. 163RD DRIVE  
CITY-ST-ZIP NORTH MIAMI FL 33169

☐ DELETE

TITLE D  
NAME HURWITZ, ROBERT  
STREET ADDRESS 1020 N.W. 163RD DRIVE  
CITY-ST-ZIP NORTH MIAMI FL 33169

☐ DELETE

TITLE D  
NAME NEPTUNE, JOAN  
STREET ADDRESS 1020 N.W. 163RD DRIVE  
CITY-ST-ZIP NORTH MIAMI FL 33169

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 305 621-9200  
Date Daytime Phone #

CR2E034 (12/95)