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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
1020 NW 163RD DR SUITE 1050 N. MIAMI FL 33169 US	1020 NW 163 RD DR SUITE 1050 NO. MIAMI FL 33169-5818 US

3. Date Incorporated or Qualified: **06/30/1995**
3a. Date of Last Report: **04/29/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

9. Name and Address of Current Registered Agent

~~BENNETT, JOSHUA~~ CAHAN, RICHARD ALAN J ESQ
C/O BECKER & POLIAKOFF, ~~ESQ.~~ P.A.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: RICHARD J. ALAN CAHAN, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): c/o BECKER & POLIAKOFF, P.A.
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 607.1508, 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 _____ (NOTE: Registered Agent's signature required when re-instating) DATE

Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: _____ 3/6/97 305-621-9200