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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 30 1998 8:00am Secretary of State

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DOCUI 1. Corporation	MENT # P970	00042496 (4	-)		
	ICAN HEALTH NETWORK	S. INC.	•		
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		Mailing Address		7,00,00	
C/O MEDINA & COMPANY 815 MW 57TH AVE SUITE 202 MIAMI FL 33128		C/O MEDINA & COMPANY 815 NW 57TH AVE SUITE 202 MIAMI FL 33126			
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				05/13/1997	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	·····	26			Not Applicable
Suite, Apt.	#, et c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Curr	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
	EDINA, RAUL SR	ant neglatered Agent	81 Name	10. Italia and vodiese of item deficien	ad Agent
C/O MEDINA & COMPANY			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	15 NW 57TH AVE SUITE 202			ciress (F.O. Box Nulliber is Not Acceptable)	
М	IAMI FL 33126		83		
			84 City		85 Zip Code
11 Purcuant t	o the provisions of Sections 607.0	02 and 607 1508 Florida Statu	los the above named cor		(
office or re	e gistered agent, or both, in the Sta	ite of Florida. Such change was	authorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its regulared
office or re age nt. I ar	o the provisions of Sections 607.0 egistered agont, or both, in the Sta in familiar with, and accept the obt	ite of Florida. Such change was	authorized by the corpora	moration submits this statement for the number	of changing its regulared
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officer or director of the corporation or the receiver or trustee empower Block 12 or Block 13 if changed, or on an attachment with an autoress.

SIGNATURE: