

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90006 014 ***150.00

DOCUMENT # P98000005818

1. Corporation Name

COSCAN OCEAN POINT INC.

Principal Place of Business

20803 BISCAYNE BLVD SUITE 103
AVENTURA FL 33180

Mailing Address

20803 BISCAYNE BLVD SUITE 103
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

65-0811013

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLFE, LEON J
C/O BERMAN WOLFE & RENNERT PA
100 SE 2ND ST 35TH FLOOR INTERNATIONAL PL
MIAMI FL 33131-2130

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAMONDIN, RICHARD E	
STREET ADDRESS	20803 BISCAYNE BLVD STE 103	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CULLINGWORTH, L. ROSS	
STREET ADDRESS	BCE PLACE SUITE 4300 181 BAY STREET	
CITY-ST-ZIP	TORONTO ONTARIO CANADA M5J2T5	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRINGLE, WILLIAM J	
STREET ADDRESS	BCE PLACE SUITE 4300 181 BAY STREET	
CITY-ST-ZIP	TORONTO ONTARIO CANADA M5J2T5	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, V, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BURRIS, DAVID	
1.3 STREET ADDRESS	20803 BISCAYNE BLVD, SUITE 103	
1.4 CITY-ST-ZIP	AVENTURA, FL 33180	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NESBITT, PETER	
2.3 STREET ADDRESS	181 BAY STREET, SUITE 4300	
2.4 CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M5J2T5	
3.1 TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PIAZZA, ALBERT	
3.3 STREET ADDRESS	20803 BISCAYNE BLVD, SUITE 103	
3.4 CITY-ST-ZIP	AVENTURA, FL 33180	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HALL, CHARLES, B. JR.	
4.3 STREET ADDRESS	20803 BISCAYNE BLVD, SUITE 103	
4.4 CITY-ST-ZIP	AVENTURA, FL 33180	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CABALLERO, ILEANA	
5.3 STREET ADDRESS	20803 BISCAYNE BLVD, SUITE 103	
5.4 CITY-ST-ZIP	AVENTURA, FL 33180	
6.1 TITLE	AV AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TACHER, ROBERTA	
6.3 STREET ADDRESS	20803 BISCAYNE BLVD, SUITE 103	
6.4 CITY-ST-ZIP	AVENTURA, FL 33180	

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 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, with all other like empowered.

SIGNATURE:

ROBERTA TACHER, ASST. VICE PRES.

4/26/99 (305) 935-0255

Date

Daytime Phone #

CR2E034 (11/98)