FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:29

DOCUMENT # 742386 (6)

1. Corporation Name
555 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12040 TAYLOR BLVD MONTREAL QU H3M 2-8 CA	2040 TAYLOR BLVD MONTREAL QU H3M 2-8 CA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1978
3a. Date of Last Report: 02/08/1994
4. FEI Number: NOT APPLICABLE — [ ] Applied For [X] Not Applicable
5. Certificate of Status Desired [ ] — $6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [X] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 Street: 12040 Taylor Blvd	26 Street: 12040 Taylor Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Montréal, Québec	28 City & State: Montréal, Québec
24 Zip: H3M 2J8 — 25 Country: Canada	29 Zip: H3M 2J8 — 30 Country: Canada

9. Name and Address of Current Registered Agent

LASALLE, THOMAS L.
4331 N. FEDERAL HWY., SUITE 205
FT.LAUDERDALE FL 33308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	[X] Change [ ] Addition
NAME	GAUTHEIR, ANDRE	12 NAME	Gauthier André	
STREET ADDRESS	250 ALBANCY	13 STREET ADDRESS	1709 Des Maristes	
CITY-ST-ZIP	CHICOUTIMI QC	14 CITY-ST-ZIP	Chicoutimi, Qué., Canada, G7H 7M2	
TITLE	DS	21 TITLE	DS	[ ] Change [X] Addition
NAME	CLOUTIER, JOACHIM	22 NAME	Cloutier Joachim	
STREET ADDRESS	12040 TAYLOR BLVD	23 STREET ADDRESS	12040 Taylor Blvd	
CITY-ST-ZIP	MONTREAL CA	24 CITY-ST-ZIP	Montréal, Qué., Canada, H3M 2J8	
TITLE	DT	31 TITLE	DT	[ ] Change [X] Addition
NAME	CLOUTIER, JOACHIM	32 NAME	Cloutier Joachim	
STREET ADDRESS	12040 TAYLOR BLVD	33 STREET ADDRESS	12040 Taylor Blvd	
CITY-ST-ZIP	MONTREAL CA	34 CITY-ST-ZIP	Montréal, Qué., Canada, H3M 2J8	
TITLE	DV	41 TITLE	DV	[ ] Change [X] Addition
NAME	COULOMBE, LEON	42 NAME	Coulombe Léon	
STREET ADDRESS	4631 BOUL. DE LA BAIE, SUD	43 STREET ADDRESS	4631 Boul. de la Baie Sud	
CITY-ST-ZIP	LA BAIE QU	44 CITY-ST-ZIP	La Baie, Qué., Canada, G7B 1H1	
TITLE		51 TITLE		[ ] Change [ ] Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		[ ] Change [ ] Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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

SIGNATURE: [signature] 02.06.95 (514)334-2790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0076125