

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

05 MAY -1 PM 2:28

DOCUMENT # **F94000006142 (3)**

1. Corporation Name  
**AMISAN INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **145 GRAVELINE ST. VILLE ST. LAURENT QUEBEC, CANADA H4T-1R3**  
Mailing Address: **145 GRAVELINE ST. VILLE ST. LAURENT QUEBEC, CANADA H4T-1R3**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/01/1994**  
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FFI Number	Applied For
<b>21</b>	<b>26</b>	<b>98-0100542</b>	<input type="checkbox"/> Not Applicable
State, Apt. #, etc.	State, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>22</b>	<b>27</b>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
<b>23</b>	<b>28</b>		
Zip Country	Zip Country	6. This corporation has liability for intangible tax under S 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>24</b>	<b>29</b>	<b>30</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>SUGAR, EDMOND L 950 S. FEDERAL HWY. HOLLYWOOD FL 33020</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
			<b>FL</b>	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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, AMNON	12 NAME	
STREET ADDRESS	145 GRAVELINE ST.	13 STREET ADDRESS	
CITY, ST, ZIP	QUEBEC, CANADA H4T-1R3	14 CITY, ST, ZIP	
TITLE	S	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, RONA	22 NAME	
STREET ADDRESS	145 GRAVELINE ST.	23 STREET ADDRESS	
CITY, ST, ZIP	QUEBEC, CANADA H4T-1R3	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(g), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if each such certifier, 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