

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000006142 (3)**

1. Corporation Name
AMISAM INC.
AMISAM, INC.



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

3. Date Incorporated or Qualified 3a. Date of Last Report
12/01/1994 **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 **5823 PALMER AVENUE** 26 **5823 PALMER AVENUE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **COTE ST.-LUC, QUEBEC** 28 **COTE ST.-LUC, QUEBEC**
Zip Country Zip Country
24 **H4W 2P8** 25 **CANADA** 29 **H4W 2P8** 30 **CANADA**

4. FEI Number Applied For
98-0100542 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
SUGAR, EDMOND L
950 S. FEDERAL HWY.
HOLLYWOOD FL 33020

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 607.0503, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BLOOM, AMNON | |
| STREET ADDRESS | 145 GRAVELINE ST. | |
| CITY-ST-ZIP | QUEBEC, CANADA H4T-1R3 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | BLOOM, RONA | |
| STREET ADDRESS | 145 GRAVELINE ST. | |
| CITY-ST-ZIP | QUEBEC, CANADA H4T-1R3 | |
| 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

| | | |
|-------------------|-------------------------------------|--|
| 11 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | BLOOM, AMNON | |
| 13 STREET ADDRESS | 5823 PALMER AVENUE | |
| 14 CITY-ST-ZIP | COTE ST.-LUC, QUEBEC H4W 2P8 CANADA | |
| 21 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | BLOOM, RONA | |
| 23 STREET ADDRESS | 5823 PALMER AVENUE | |
| 24 CITY-ST-ZIP | COTE ST.-LUC, QUEBEC H4W 2P8 CANADA | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

000001884860
-07/08/96--01001--007
*****200.00**

100001884861
-07/08/96--01001--008
*****25.00**

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)(k), 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: _____ Date: **4/30/96**

CR2E034 (12/95)