

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$775)

PROFIT 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 JUN 29 AM 8:41

DOCUMENT # **K24978** (4)
 1. Corporation Name
DELMINOR EDGEWATER, INC.

Principal Place of Business Mailing Address
C/O S. RALPH IVACO INC. **C/O S. RALPH IVACO INC.**
770 SHERBROOKE ST W 20TH FLOOR **770 SHERBROOKE ST W 20TH FLOOR**
MONTREAL, QB CANADA H3A1G1 **MONTREAL, QB CANADA H3A1G1**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/31/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **98-0098653** 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**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 26. Mailing Address
 21. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
 23. City & State 28. City & State
 24. ZIP 25. Country 29. ZIP 30. Country

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 B1. Name
 B2. Street Address (P.O. Box Number is Not Acceptable)
 B3.
 B4. City **FL** B5. 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 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, GEORGE (D)	2. NAME	
STREET ADDRESS	770 SHERBROOKE ST W.	3. STREET ADDRESS	
CITY - ST - ZIP	MONTREAL, QUEBEC, CAN.	4. CITY - ST - ZIP	
TITLE	DV	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSAB, ALBERT (AST-S)	22. NAME	
STREET ADDRESS	770 SHERBROOKE ST W	23. STREET ADDRESS	
CITY - ST - ZIP	MONTREAL, QUEBEC, CAN.	24. CITY - ST - ZIP	
TITLE	VD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAIKELSON, MORTON	32. NAME	
STREET ADDRESS	770 SHERBROOKE ST W	33. STREET ADDRESS	
CITY - ST - ZIP	MONTREAL, QUEBEC, CAN.	34. CITY - ST - ZIP	
TITLE	VD	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RETTET, BARRY	42. NAME	
STREET ADDRESS	770 SHERBROOKE ST W	43. STREET ADDRESS	
CITY - ST - ZIP	MONTREAL, QUEBEC, CAN.	44. CITY - ST - ZIP	
TITLE	AS	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH, SAMUEL	52. NAME	
STREET ADDRESS	770 SHERBROOKE ST W	53. STREET ADDRESS	
CITY - ST - ZIP	MONTREAL, QUEBEC, CAN.	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 110.07(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 liquidator 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: SAMUEL RALPH June 15, 1995 (514) 208-4245
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)