

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

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 JUN 29 AM 8:41

DOCUMENT # **K46472** (2)

1. Corporation Name
DELMINOR MERRILL, INC.

Principal Place of Business	Mailing Address
C/O S. RALPH, IVACO INC 770 SHERBROOKE ST W 20TH FLOOR MONTREAL, QUEBEC CAN H3A 1G1 56031-2195	C/O S. RALPH, IVACO INC 770 SHERBROOKE ST W 20TH FLOOR MONTREAL, QUEBEC CAN H3A 1G1 56031-2195

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/21/1988	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

4. FEI Number 98-0108265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	D
NAME	GOLDSTEIN, GEORGE
STREET ADDRESS	C/O 770 SHERBROOKE ST.W.
CITY - ST - ZIP	MONTREAL, QUEBEC, CA
TITLE	PTS
NAME	GOLDSTEIN, GEORGE
STREET ADDRESS	770 SHERBROOKE ST. WEST
CITY - ST - ZIP	MONTREAL, QUEB. CAN
TITLE	VD
NAME	CHAEKELSON, MORTY
STREET ADDRESS	770 SHERBROOKE ST. WEST
CITY - ST - ZIP	MONTREAL, QUEB. CAN
TITLE	VD
NAME	RETTET, BARRY
STREET ADDRESS	770 SHERBROOKE ST. WEST
CITY - ST - ZIP	MONTREAL, QUEB. CAN
TITLE	V
NAME	RALPH, SAMUEL
STREET ADDRESS	770 SHERBROOKE ST. WEST
CITY - ST - ZIP	MONTREAL, QUEB. CAN
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 118.07(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 in an attachment with an address.

SIGNATURE: *Samuel Ralph* **SAMUEL RALPH** (514) 288-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR