

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 14 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M49690 (4)

1. Corporation Name
JILLBAR CORP.



Principal Place of Business % SAMUEL RALPH, IVACO INC 770 SHERBROOKE ST W. 20TH FLOOR MONTREAL QUEBEC CAN H3A 1G1	Mailing Address % SAMUEL RALPH, IVACO INC 770 SHERBROOKE ST W. 20TH FLOOR MONTREAL QUEBEC CAN H3A 1G1
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o P. Sorenti, Ivaco Inc. Suite, Apt. #, etc. 22 770 Sherbrooke St.W., 20F1. City & State 23 Montreal, Quebec Zip 24 H3A 1G1	2a. Mailing Address 26 c/o P. Sorenti, Ivaco Inc. Suite, Apt. #, etc. 27 770 Sherbrooke St.W., 20F1. City & State 28 Montreal, Quebec Zip 29 H3A 1G1	Country 25 Canada	Country 30 Canada
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3. Date Incorporated or Qualified 04/03/1987	4. FET Number 59-2789820	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	RETTET, BARRY	
STREET ADDRESS	770 SHERBROOKE ST. 20 FL	
CITY-ST-ZIP	MONTREAL, QUE. CAN	
TITLE	PTS	<input type="checkbox"/>
NAME	RETTET, BARRY	
STREET ADDRESS	770 SHERBROOKE ST. 20 FL	
CITY-ST-ZIP	MONTREAL, QUE. CAN	
TITLE	V	<input type="checkbox"/>
NAME	GOLDSTEIN, GEORGE	
STREET ADDRESS	770 SHERBROOKE ST. 20 FL	
CITY-ST-ZIP	MONTREAL, QUE. CAN	
TITLE	AS	<input checked="" type="checkbox"/>
NAME	RALPH, SAMUEL	
STREET ADDRESS	770 SHERBROOKE ST WEST	
CITY-ST-ZIP	MONTREAL, QUE. CAN	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	AS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	SORENTI, PETER		
5.3 STREET ADDRESS	770 SHERBROOKE STREET WEST		
5.4 CITY-ST-ZIP	MONTREAL, QUEBEC CANADA H3A 1G1		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)