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: $375)

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 # **M58687** **(8)**

1. Corporation Name

DELMINOR BAL HARBOUR, INC.

Principal Place of Business	Mailing Address
% SAMUEL RALPH IVACO INC. 770 SHERBROOKE ST. WEST, 20TH FLOOR MONTREAL, QUE.CANADA H3A1G1	% SAMUEL RALPH IVACO INC. 770 SHERBROOKE ST. WEST, 20TH FLOOR MONTREAL, QUE.CANADA H3A1G1

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **09/08/1987**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **98-0099138** ☐ 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
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ 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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, GEORGE	12 NAME	
STREET ADDRESS	770 SHERBROOKE ST. WEST	13 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEB, CAN	14 CITY-ST-ZIP	
TITLE	PST	21 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, GEORGE	22 NAME	
STREET ADDRESS	770 SHERBROOKE ST. WEST	23 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEB, CAN	24 CITY-ST-ZIP	
TITLE	ASD	31 TITLE	☐ Change ☐ Addition
NAME	KASSAB, ALBERT (V)	32 NAME	
STREET ADDRESS	770 SHERBROOKE ST. WEST	33 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEB, CAN	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	CHAEKELSON, MORTY	42 NAME	
STREET ADDRESS	770 SHERBROOKE ST. WEST	43 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEB, CAN	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	RETTER, BARRY	52 NAME	
STREET ADDRESS	770 SHERBROOKE ST. WEST	53 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEB, CAN	54 CITY-ST-ZIP	
TITLE	VAS	61 TITLE	☐ Change ☐ Addition
NAME	RALPH, SAMUEL	62 NAME	
STREET ADDRESS	770 SHERBROOKE ST. WEST	63 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEB, CAN	64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: Samuel Ralph **SAMUEL RALPH** **June 15, 1995** **(514)288-4545**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0164474 IN