

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 29 AM 8:41

DOCUMENT # M61596 (6)

1. Corporation Name
DELMINOR-CLARCONA, INC.

Principal Place of Business: **% SAMUEL RALPH, IVACO INC 770 SHERBROOKE ST W. 20TH FLOOR MONTEAL QUEBEC CANA H3A 1G1**
Mailing Address: **% SAMUEL RALPH, IVACO INC 770 SHERBROOKE ST W. 20TH FLOOR MONTEAL QUEBEC CANA H3A 1G1**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/28/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	98-0086701	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	29 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25 Country	30 Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE FL 32301	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, GEORGE	1.2 NAME	
STREET ADDRESS	770 SHERBROOKE ST. WEST	1.3 STREET ADDRESS	
CITY - ST - ZIP	MONTEAL, QUEB, CAN	1.4 CITY - ST - ZIP	
TITLE	PST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, GEORGE	2.2 NAME	
STREET ADDRESS	770 SHERBROOKE ST. WEST	2.3 STREET ADDRESS	
CITY - ST - ZIP	MONTEAL, QUEB, CAN	2.4 CITY - ST - ZIP	
TITLE	VDS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSAB, ALBERT	3.2 NAME	
STREET ADDRESS	770 SHERBROOKE ST. WEST	3.3 STREET ADDRESS	
CITY - ST - ZIP	MONTEAL, QUEB, CAN	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAEKELSON, MORTY	4.2 NAME	
STREET ADDRESS	770 SHERBROOKE ST WEST	4.3 STREET ADDRESS	
CITY - ST - ZIP	MONTEAL, QUEB, CAN	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REITER, BARRY	5.2 NAME	
STREET ADDRESS	770 SHERBROOKE ST WEST	5.3 STREET ADDRESS	
CITY - ST - ZIP	MONTEAL, QUEB, CAN	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH, SAMEUL	6.2 NAME	
STREET ADDRESS	770 SHERBROOKE ST WEST	6.3 STREET ADDRESS	
CITY - ST - ZIP	MONTEAL, QUEB, CAN	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 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 its 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 Telephone Number

CR2E034 (3/95)