

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

**APPROVED
AND
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95 MAR 31 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001448816
-04/06/95--01019--008

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15810** (5)

1. Corporation Name
152944 CANADA INC.

Principal Place of Business Mailing Address

17094 COLLINS AVE SUITE A104 MIAMI BEACH FL 33160

17094 COLLINS AVE SUITE A104 MIAMI BEACH FL 33160

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

09/02/1987 **03/17/1994**

4. FEI Number Applied For

59-1495706 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

**KLINE, ARTHUR J.
2665 S. BAYSHORE DRIVE, S-903
COCONUT GROVE FL 33133**

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 agent 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 transferring)

12. OFFICERS AND DIRECTORS

TITLE	ASP
NAME	LESNAK, ROMAN
STREET ADDRESS	6005 CAVENDISH BLVD PH3
CITY, ST, ZIP	COTE ST. LUC, QUEBEC
TITLE	VD
NAME	LESNAK, IRWIN
STREET ADDRESS	6005 CAVENDISH BLVD PH3
CITY, ST, ZIP	COTE ST LUC, QUEBEC
TITLE	SD
NAME	LESNAK, GRACE
STREET ADDRESS	6005 CAVENDISH BLVD PH3
CITY, ST, ZIP	C.S.L, QUEBEC
TITLE	D
NAME	LESNAK, ROMAN
STREET ADDRESS	6005 CAVENDISH BLVD PH3
CITY, ST, ZIP	COTE ST. LUC, QUEBEC
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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 110.07(3)(4), 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, unchanged, or as an attachment with an address.

SIGNATURE: *Roman Lesniak* **LESNAK, ROMAN** *3-20-95* **3-20-95** **13059451050**