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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90082 038 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P15810

1. Corporation Name
152944 CANADA INC.

Principal Place of Business
**17094 COLLINS AVE
 SUITE A104
 MIAMI BEACH FL 33160**

Mailing Address
**17094 COLLINS AVE
 SUITE A104
 MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/02/1987

4. FEI Number **52-1495706** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE _____ DELETE

NAME **ASPD LESNIAK, ROMAN**

STREET ADDRESS **6005 CAVENDISH BLVD PH3**

CITY-ST-ZIP **COTE ST. LUC, QUEBEC**

TITLE _____ DELETE

NAME **VD LESNIAK, IRWIN**

STREET ADDRESS **6005 CAVENDISH BLVD PH3**

CITY-ST-ZIP **COTE ST LUC, QUEBEC**

TITLE _____ DELETE

NAME **SD LESNIAK, GRACE**

STREET ADDRESS **6005 CAVENDISH BLVD PH3**

CITY-ST-ZIP **C.S.L, QUEBEC**

TITLE _____ DELETE

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE _____ DELETE

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE _____ DELETE

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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, with all other like empowered.

SIGNATURE: **ROMAN LESNIAK** *Roman Lesniak* 3-19/1999 305-9451050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

16259517 CR2F034 (1/198)