

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000000583 (1)**

1. Corporation Name
PERLAINE US, INC.



Principal Place of Business: **5009 PARK CENTRAL DR ORLANDO FL 32839**
Mailing Address: **10 CONRAD AVENUE TORONTO, ONTARIO, CANADA OC**

3. Date Incorporated or Qualified: **01/04/1995**
3a. Date of Last Report: []
4. FEI Number: **59-3298783**
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

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

9. Name and Address of Current Registered Agent

**JOHNSON, LORAN A
215 N EOLA DR
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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 607.1506, 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 607.0504, Florida Statutes.

SIGNATURE: [] DATE: []

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D GOLDBERG, LAURENCE
STREET ADDRESS	10 CONRAD AVENUE TORONTO, ONTARIO, CANADA
CITY, ST, ZIP	D GOLDBERG, ELAINE
TITLE	<input type="checkbox"/> DELETE
NAME	134 HANDSART BLVD WINNIPEG MANITOBA CANADA
STREET ADDRESS	D GOLDBERG, PERCY
CITY, ST, ZIP	134 HANDSART BLVD WINNIPEG MANITOBA CANADA
TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
CITY, ST, ZIP	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
CITY, ST, ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. TITLE	
28. NAME	
29. STREET ADDRESS	
30. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplementary 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 as appears in Block 12 or Block 13 if checked, is on an attachment with an address.

SIGNATURE: *Laurence Goldberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAURENCE GOLDBERG

22 February 1996 (416)
Date: []
Filing Phone: **656-8100**

CR2E034 (12/95)