FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

215 N EOLA DR ORLANDO FL 32801

1. Corporation Name



DOCUMENT # P9500000583

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90004 037 ***150.00

PERLAINE	US, INC.		and the same of the same				
Principal Place of	of Business	Mailing Address		1 DE ILD 1 ILD 1			
5145 CITY ST ORLANDO FL 328 US	39	10 Conrad Avenue Toronto, Ontario, Canada OC		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 01/04/1995			
2. Principal Place of Business		2a. Mailing Addre	ess	4. FEI Number Applied For			
21		26		59-3298733 Not Applica	ble		
Suite, Apt. #,	etc.	Suite, Apt. #,	etc.	5. Certifcate of Status Desired ☐ \$8.75 Additiona Fee Required	'		
City & State		City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible			
24	25	29	30	Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent			
JOHNS	SON, LORAN A		81 Name	3			

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.

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City

Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE		WOTE: D			DATE					
Olymania, typas or philips name or registered again and door approximate. (Inches registered registered against an open against a second again										
12.	OFFICERS AND DIRECTOR	C) DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF	Change	Addition				
TITLE	T									
NAME	GOLDBERG, LAURENCE		1.2 NAME							
STREET ADDRESS	10 CONRAD AVENUE		1.3 STREET ADDRESS							
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA		1.4 CITY+ST-ZIP							
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	Addition Addition				
NAME	GOLDBERG, ELAINE		2.2 NAME							
STREET ADDRESS	#3-393 WELLINGTON CRESCENT		2.3 STREET ADDRESS							
CITY-ST-ZIP	WINNIPEG MANITOBA CANADA R3M0A		2.4 CITY-ST-ZIP							
IIILE	D	☐ DELETE	3.1 TITLE		Change	☐ Addition				
NAME	GOLDBERG, PERCY		3.2 NAME							
STREET ADDRESS	#3-393 WELLINGTON CRESCENT		3.3 STREET ADORESS							
CITY-ST-ZIP	WINNIPEG MANITOBA CANADA R3M0A		3.4, CITY-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition				
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE	· — — — — — — — — — — — — — — — — — — —	☐ Change	☐ Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>		<u> ست</u> ار				
TTLE		□ DELETE	6.1 TITLE		Change	☐ Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			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 aparticchment with an address, with all other like empowered.

SIGNATURE:

March 23/99

(416) 968-618D

Zip Code

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