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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90001 012 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S11026

1. Corporation Name  
**BUSCH DEVRIN, INC.**



Principal Place of Business 2050 MANSFIELD SUITE 1112 MONTREAL, QUEBEC,CANADA H3A1	Mailing Address 2050 MANSFIELD SUITE 1112 MONTREAL, QUEBEC,CANADA H3A1
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1002 SHERBROOKE ST. W. Suite, Apt. #, etc. 22 SUITE 2625 City & State 23 MONTREAL, QUEBEC, CANADA Zip 24 H3A 3L6	2a. Mailing Address 26 1002 SHERBROOKE ST. W. Suite, Apt. #, etc. 27 SUITE 2625 City & State 28 MONTREAL, QUEBEC, CANADA Zip 29 H3A 3L6	30 CANADA
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3. Date Incorporated or Qualified 11/06/1990	4. FEI Number 59-3080531	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**MAYERS, ALEXANDER**  
 2121 N OCEAN BLVD  
 APT 1007-E  
 BOCA RATON FL 33431

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 607.050(2) 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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYERS, ALEXANDER	
STREET ADDRESS	2050 MANSFIELD, #1112	
CITY-ST-ZIP	MONTREAL, QUEBEC,CAN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GARTNER, MICHAEL	
STREET ADDRESS	2050 MANSFIELD #1112	
CITY-ST-ZIP	MONTREAL, QUEBEC, CAN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1002 SHERBROOKE ST.W., SUITE 2625
1.4 CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H3A 3L6
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1002 SHERBROOKE ST. W., SUITE 2625
2.4 CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H3A 3L6
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: M. GARTNER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 MARCH 31/99 DATE  
 514-845-0241 DAYTIME PHONE #

CR2E034 (11/98)