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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S61861 (8)**
1. Corporation Name
CYPRESS BROWARD TRADE CENTRE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**C/O TIDAN CONSTRUCTION, INC.
668 RUE SHERBROOKE ST. WEST, PH 2300
MONTREAL QUEBEC, CANADA**

3. Date Incorporated or Qualified **06/24/1991** 3a. Date of Last Report **02/14/1994**
4. FEI Number **58-1950494** 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 2a. Mailing Address
21. Suite, Apt. #, etc 26. Suite, Apt. #, etc
22. City & State 27. City & State
23. ZIP 28. ZIP
24. COUNTRY 25. COUNTRY 29. COUNTRY 30. COUNTRY

9. Name and Address of Current Registered Agent
**CROSS, WILLIAM S.
1177 SE THIRD AVENUE
FT. LAUDERDALE FL 33316**

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 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 of (or printed name of) registered agent and title (if applicable) _____
Signature of Registered Agent (signature required when registering) _____
DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | DP YUVAL, MIKE 668 RUE SHERBROOKE ST. W QUEBEC, CANADA | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2. NAME | |
| STREET ADDRESS | | 3. STREET ADDRESS | |
| CITY, ST, ZIP | | 4. CITY, ST, ZIP | |
| TITLE | DT SOFER, JACK 668 RUE SHERBROOKE ST. W QUEBEC, CANADA | 21. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22. NAME | 500001478379 |
| STREET ADDRESS | | 23. STREET ADDRESS | -05/08/95--01026--015 |
| CITY, ST, ZIP | | 24. CITY, ST, ZIP | ****400.00 ****200.00 |
| TITLE | DS AINTABI, ELLIOT 800 RENE-LEVESQUE BLVD W QUEBEC, CANADA | 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32. NAME | |
| STREET ADDRESS | | 33. STREET ADDRESS | |
| CITY, ST, ZIP | | 34. CITY, ST, ZIP | |
| TITLE | DV GABBAY, RON 800 RENE-LEVESQUE BLVD W QUEBEC, CANADA | 41. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | DV |
| STREET ADDRESS | | 43. STREET ADDRESS | NAIM S. LEVY |
| CITY, ST, ZIP | | 44. CITY, ST, ZIP | 800 RENE LEVESQUE BLVD. WEST |
| TITLE | | 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY, ST, ZIP | | 54. CITY, ST, ZIP | |
| TITLE | | 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY, ST, ZIP | | 64. CITY, ST, ZIP | |

14. I 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)(k), Florida Statutes. I further certify that the information indicated on this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 on Block 12 or Block 13 (as applicable), or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Mike Yuval** **January 19, 1995** **(514)845-6393**
Date