

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S61861 (8)

1. Corporation Name

CYPRESS BROWARD TRADE CENTRE, INC.



Principal Place of Business

Mailing Address

C/O TIDAN CONSTRUCTION, INC.
666 RUE SHERBROOKE ST. WEST. PH 2300
MONTREAL, QUEBEC, CANADA

C/O TIDAN CONSTRUCTION, INC.
666 RUE SHERBROOKE ST. WEST. PH 2300
MONTREAL, QUEBEC, CANADA

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/24/1991 | 3a. Date of Last Report 05/01/1995 |
| 4. FEI Number 58-1950494 | Applied For <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 | 29. Country |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROSS, WILLIAM S.
1177 SE THIRD AVENUE
FT. LAUDERDALE FL 33316**

| |
|--|
| 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 607.1508, 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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YUVAL, MIKE | 1.2 NAME | |
| STREET ADDRESS | 666 RUE SHERBROOKE ST. W | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | QUEBEC, CANADA | 1.4 CITY - ST - ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOFER, JACK | 2.2 NAME | |
| STREET ADDRESS | 666 RUE SHERBROOKE ST. W | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | QUEBEC, CANADA | 2.4 CITY - ST - ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AINTABI, ELLIOT | 3.2 NAME | |
| STREET ADDRESS | 800 RENE-LEVESQUE BLVD W | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | QUEBEC, CANADA | 3.4 CITY - ST - ZIP | |
| TITLE | DV <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVY, NAIM S. | 4.2 NAME | |
| STREET ADDRESS | 800 RENE-LEVESQUE BLVD W | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | QUEBEC, CANADA | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Yuval January 26, 1996 (514) 845-6393

Date Daytime Phone #

CR2E034 (12/95)