

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S62297 (4)**

1. Corporation Name  
**CYPRESS HOLDING CORPORATION**

95 MAY -1 PM 3:13  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% TIDAN CONSTRUCTION INC. 666 RUE SHERBROOKE ST. W., PH 2300 MONTREAL QUEBEC, CANADA 56035-727	% TIDAN CONSTRUCTION INC. 666 RUE SHERBROOKE ST. W., PH 2300 MONTREAL QUEBEC, CANADA 56035-727

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/26/1991</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>58-1950488</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P O Box Number is Not Acceptable)	<b>FL</b>
B3	
B4 City	

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: \_\_\_\_\_ (Print name of registered agent and the Florida address) \_\_\_\_\_ (Print Registered Agent signature request when registering) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUVAL, MIKE	1.2 NAME	
STREET ADDRESS	% 666 RUE SHERBROOKE ST	1.3 STREET ADDRESS	
CITY, ST, ZIP	QUEBEC, CANADA	1.4 CITY, ST, ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOFER, JACK	2.2 NAME	<b>400001478374</b>
STREET ADDRESS	% 666 RUE SHERBROOKE ST	2.3 STREET ADDRESS	<b>-05/08/95--01026--015</b>
CITY, ST, ZIP	QUEBEC, CANADA	2.4 CITY, ST, ZIP	<b>****400.00 ****200.00</b>
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AINTABI, ELLIOT	3.2 NAME	
STREET ADDRESS	% 800 RENE-LEVESQUE BLVD	3.3 STREET ADDRESS	
CITY, ST, ZIP	QUEBEC, CANADA	3.4 CITY, ST, ZIP	
TITLE	DV	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABBAY, RON	4.2 NAME	<b>DV</b>
STREET ADDRESS	% 800 RENE-LEVESQUE BLVD	4.3 STREET ADDRESS	<b>800 RENE-LEVESQUE BLVD. WEST</b>
CITY, ST, ZIP	QUEBEC, CANADA	4.4 CITY, ST, ZIP	<b>QUEBEC, CANADA</b>
TITLE		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		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 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or biennial 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ **Jack Sofer** January 18, 1995 (514)845-6393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 (Date)