

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 # 628236 (2)

1. Corporation Name
BILNIA INCORPORATED



Principal Place of Business

Mailing Address

**24 WARD ST
TORONTO, ONT. CAN. M6H4A6**

**24 WARD ST
TORONTO, ONT. CAN. M6H4A6**

2. Principal Place of Business

2a. Mailing Address

21 **35 OAK ST.**
Suite, Apt. #, etc.

26 **35 OAK ST.**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **NORTH YORK, ONT.**
Zip Country

28 **NORTH YORK, ONT.**
Zip Country

24 **M9N 1A1** 25 **CANADA**

29 **M9N 1A1** 30 **CANADA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/02/1979

3a. Date of Last Report
03/14/1995

4. FEI Number

59-1367126

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

10. Name and Address of New Registered Agent

**ALHADEFF, E. RICHARD
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130**

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 607.0502 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **SD
WIENER, WILLIAM**
STREET ADDRESS **24 WARD ST**
CITY-STATE-ZIP **TORONTO, CANADA 00000**

TITLE ☐ DELETE

NAME **VD
ROWAN, SONIA**
STREET ADDRESS **24 WARD ST**
CITY-STATE-ZIP **TORONTO, CANADA 00000**

TITLE ☐ DELETE

NAME **PD
WIENER, DANIEL**
STREET ADDRESS **24 WARD ST**
CITY-STATE-ZIP **TORONTO, CANADA 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **35 OAK ST.**
1.4 CITY-STATE-ZIP **NORTH YORK, ONT. CANADA M9N1A1**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **35 OAK ST.**
2.4 CITY-STATE-ZIP **NORTH YORK, ONT. CANADA M9N1A1**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **35 OAK ST.**
3.4 CITY-STATE-ZIP **NORTH YORK, ONT. CANADA M9N1A1**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Sonia Rowan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 30/96 *245-7991*
Date Daytime Phone #

CR2E034 (12/95)