

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 # F95000001758 (0)

1. Corporation Name

104128 CANADA, INC.



Principal Place of Business

Mailing Address

3100. BOUL. LE CARRFOUR. #772
LAVAL. QUEBEC CANA H7T2K7

3100. BOUL. LE CARRFOUR. #772
LAVAL. QUEBEC CANA H7T2K7

3. Date Incorporated or Qualified

04/12/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 1420 Sherbrooke West

26 Suite, Apt. #, etc.

22 10th Floor

27 Suite, Apt. #, etc.

23 Montréal, Québec

28 City & State

24 H3G 1K9

Country

25 Canada

29 City & State

Zip

Country

30

4. FEI Number

APPLIED FOR : 98-0151753

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUNTON REGISTERED AGENTS, INC.
4710 NW BOCA RATON BLVD., #101
BOCA RATON FL 33431

81 Name

Brunton Registered Agents, Inc.

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
PILON, CLAUDE
STREET ADDRESS
1150 BOUL MAROIS
CITY-ST-ZIP
LAVAL-QUE CANADA

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Laval, Québec, Canada

H7Y 1W5

TITLE ☐ DELETE

NAME
PILON, CLAUDE
STREET ADDRESS
1150 BOUL MAROIS
CITY-ST-ZIP
LAVAL-QUE CANADA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
PILON, CLAUDE
STREET ADDRESS
1150 BOUL MAROIS
CITY-ST-ZIP
LAVAL-QUE CANADA

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
PILON, CLAUDE
STREET ADDRESS
1150 BOUL MAROIS
CITY-ST-ZIP
LAVAL-QUE CANADA

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
PILON, CLAUDE
STREET ADDRESS
1150 BOUL MAROIS
CITY-ST-ZIP
LAVAL-QUE CANADA

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
PILON, CLAUDE
STREET ADDRESS
1150 BOUL MAROIS
CITY-ST-ZIP
LAVAL-QUE CANADA

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
PILON, CLAUDE
STREET ADDRESS
1150 BOUL MAROIS
CITY-ST-ZIP
LAVAL-QUE CANADA

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:

Claude Pilon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claude Pilon

FEB. 6/96

(514) 847-1117

Date

Daytime Phone #

CR2E034 (12/95)