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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F54269** **(8)**

1. Corporation Name
AMIT - POMPANO, INC.

Principal Place of Business	Mailing Address
234 EGLINTON AVE.. EAST SUITE 606 TORONTO. ONT.. CANADA 20436-6255	234 EGLINTON AVE.. EAST SUITE 606 TORONTO. ONT.. CANADA 20436

3. Date Incorporated or Qualified: 11/20/1981
3a. Date of Last Report: 07/30/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 98-0056569 ☐ 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

9. Name and Address of Current Registered Agent

FEIG, MARC I.
8000 PETERS ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: SHAMIRA KLEIN
82 Street Address (P.O. Box Number is Not Acceptable): c/o BEDZOW, KORN & KAN, P.A.
83: 20803 BISCAYNE BLVD Suite 200
84 City: AVENTURA FL 85 Zip Code: 33180

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] DATE
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KLEIN, HAIM		1.2 NAME		
STREET ADDRESS	1250 E HALLANDALE BCH BL		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	D/P/S	☐ Change ☒ Addition
NAME			2.2 NAME	KLEIN/HAIM	
STREET ADDRESS			2.3 STREET ADDRESS	1250 East Hallandale Beach Blvd.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Hallandale, Florida	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] SIGNATURE REQUIRED HAIM KLEIN 1/31/97 (416)482-5837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #