

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 287913 (8)

1. Corporation Name

CANMONT INTERNATIONAL INC



Principal Place of Business

Mailing Address

901 EAST 10TH AVENUE
SUITE 11
HIALEAH FL 33010
US

1281 E 10 AVE
BAY 53
HIALEAH FL 33010
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1200 Brickell Avenue

22 City & State

27 Suite #1500

28 Miami, Florida

24 Zip

25 Country

29 Zip

30 Country

33131

US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/17/1964

3a. Date of Last Report

02/14/1995

4. FEI Number

59-1087489

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

SCHARUN LANZET COHEN COBB EGIN
1399 SW FIRST AVENUE 4TH FLOOR
MIAMI FL 33131

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 then if applicable

(Signature of Registered Agent Signature required when requesting change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
Dalfen, Celia
STREET ADDRESS
8479 DEVONSHIRE PLACE
CITY - ST - ZIP
TMR, MONTREAL, QUEBEC

TITLE ☐ DELETE

NAME
Dalfen, Layne
STREET ADDRESS
8479 DEVONSHIRE PLACE
CITY - ST - ZIP
TMR, MONTREAL, QUEBEC

TITLE ☐ DELETE

NAME
Dalfen, Murray
STREET ADDRESS
8479 DEVONSHIRE PLACE
CITY - ST - ZIP
TMR, MONTREAL, QUEBEC

TITLE ☐ DELETE

NAME
Dalfen, Rhona
STREET ADDRESS
901 E. 10TH AVE.
CITY - ST - ZIP
HIALEAH, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☒ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
VPD
Dalfen, Rhona
P.O. Box 601668
N. Miami, FL 33160

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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

2/19/96

358-8700

PM
4-14-96

CR2E034 (12/95)