FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 13 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 482597 (2)

1. Corporation Name
SEVEN ISLANDS, INC.

Principal Place of Business	Mailing Address
11 COUILLARD SEPT ISLES, QUEBEC, CANDA	11 COUILLARD SEPT ISLES, QUEBEC, CANDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/11/1975
3a. Date of Last Report: 03/10/1994

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: 98-0103750 ☐ 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

NEWMAN, JOEL P
420 LINCOLN ROAD
MIAMI BEACH FL

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed 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	T	1.1 TITLE	☐ Change ☐ Addition
NAME	DUMAIS, JACQUES	1.2 NAME	
STREET ADDRESS	11 COUILLARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEPT ISLES, QUEBEC 00000	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	LALANCETTE, YVAN	2.2 NAME	
STREET ADDRESS	485 EVANGELINE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEPT-ILES, QUEBEC	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, DORIS	3.2 NAME	
STREET ADDRESS	420 LINCOLN RD #258	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PENA, MARIA THERESA	4.2 NAME	
STREET ADDRESS	420 LINCOLN RD #258	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	PORLIER, ROGER	5.2 NAME	
STREET ADDRESS	51 DES SABLONS C.P. 1194	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEPT-ILES, QUEBEC	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	THERRIEN, JACQUES	6.2 NAME	
STREET ADDRESS	20 ST-OLAF	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEPT-ILES, QUEBEC	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 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: JACQUES DUMAIS TREASURER 03/07/95 (418) 962-9304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040303 IN