

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 # 482597 (2)

1. Corporation Name

SEVEN ISLANDS, INC.



Principal Place of Business

Mailing Address

11 COUILLARD
SEPT ISLES, QUEBEC, CANADA

11 COUILLARD
SEPT ISLES, QUEBEC, CANADA

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/11/1975

3a. Date of Last Report
03/13/1995

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

10. Name and Address of New Registered Agent

NEWMAN, JOEL P
420 LINCOLN ROAD
MIAMI BEACH FL

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 date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
NAME DUMAIS, JACQUES
STREET ADDRESS 11 COUILLARD
CITY-STATE-ZIP SEPT ISLES, QUEBEC 00000

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

V
NAME LALANCETTE, YVAN
STREET ADDRESS 485 EVANGELINE
CITY-STATE-ZIP SEPT ISLES, QUEBEC

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

D
NAME MILLER, DORIS
STREET ADDRESS 420 LINCOLN RD #258
CITY-STATE-ZIP MIAMI BEACH, FL 00000

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

D
NAME PENA, MARIA THERESA
STREET ADDRESS 420 LINCOLN RD #258
CITY-STATE-ZIP MIAMI BEACH, FL 00000

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

P
NAME PORLIER, ROGER
STREET ADDRESS 51 DES SABLONS C.P. 1194
CITY-STATE-ZIP SEPT ISLES, QUEBEC

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

S
NAME THERRIEN, JACQUES
STREET ADDRESS 20 ST-OLAF
CITY-STATE-ZIP SEPT ISLES, QUEBEC

6.1 TITLE
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: JACQUES DUMAIS TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/96 (418) 962-9304
Date Daytime Phone #

CR2E034 (12/95)