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Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

3. Date Incorporated or Qualified

08/11/1975

3a. Date of Last Report

02/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

98-0103750

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

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 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 DUMAIS, JACQUES  
STREET ADDRESS 11 COUILLARD  
CITY-ST-ZIP SEPT ISLES, QUEBEC 00000

V ☐ DELETE

NAME LALANCETTE, YVAN  
STREET ADDRESS 485 EVANGELINE  
CITY-ST-ZIP SEPT-ILES, QUEBEC

D ☐ DELETE

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

D ☐ DELETE

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

P ☐ DELETE

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

S ☐ DELETE

NAME THERRIEN, JACQUES  
STREET ADDRESS 20 ST-OLAF  
CITY-ST-ZIP SEPT-ILES, QUEBEC

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

Date 02/27/97 (418) 962-9304  
Daytime Phone #

0528720

CR2E034 (9/96)