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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:26

DOCUMENT # **521395** **(4)**

1. Corporation Name
DOREL, INC.

Principal Place of Business	Mailing Address
7395 GULF BLVD. - SUITE 1 ST. PETERSBURG BEACH FL 33706-1955	7395 GULF BLVD. - SUITE 1 ST. PETERSBURG BEACH FL 33706-1955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/1976**
3a. Date of Last Report: **04/07/1994**

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: **59-1719715** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HORAN, MICHAEL J.
7395 GULF BLVD., #1
ST. PETE BEACH FL 33706

10. Name and Address of New Registered Agent

81 Name: Michael J. Horan, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 7395 Gulf Blvd. #1
83
84 City: ST. PETE BEACH FL 85 Zip Code: 33706

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: Michael J. Horan Jr. Michael J. Horan V.P. 2-3-95
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	PD	11 TITLE	P/D ☒ Change ☐ Addition
NAME	SCHWARTZ, LAURA	12 NAME	LAURA SCHWARTZ
STREET ADDRESS	~~9000 GULF BLVD. UNIT 705~~	13 STREET ADDRESS	7395 GULF BLVD. #1
CITY-ST-ZIP	ST. PETE BEACH FL	14 CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	STVP	21 TITLE	☐ Change ☐ Addition
NAME	HORAN, MICHAEL J., JR.	22 NAME	
STREET ADDRESS	7395 GULF BLVD., #1	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BEACH FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	V/D ☐ Change ☒ Addition
NAME		32 NAME	SAMUEL SCHWARTZ
STREET ADDRESS		33 STREET ADDRESS	4800 S.W. 51ST ST. BLDG. 106
CITY ST ZIP		34 CITY ST ZIP	DAVIE, FL. 33314
TITLE		41 TITLE	V/D ☐ Change ☒ Addition
NAME		42 NAME	MARTIN SCHWARTZ
STREET ADDRESS		43 STREET ADDRESS	4750 DES GRANDES PRAIRIES
CITY-ST-ZIP		44 CITY ST ZIP	MONTREAL, QUEBEC H1R1A3
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: Michael J. Horan Jr. V.P. 2-3-95 (813)-367-3551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0307431 CP