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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

•	1996	DIVISION OF C					
DOCUN 1. Corporation	MENT # 522013	3 (2)					
EDENV	ALE SOUTH, INC.						
Principal Place	of Business	Mailing Address				ildi bibik əhədi ələdi ək	SH BIBIK ONDI HOSI
1013 S.E. 9TH ST. 1013 S.E. 9TH ST.							
FT. LAUDERD	ALE FL 33316	FT. LAUDERDALE FL 333	16				
					3. Date Incorporated or Qualified 11/29/1976	3a. Date of Last 03/31/1	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FET Number 59-1714913		Applied For
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.					Not Applicable 75 Additional
22	or an also and or assessment a subsection amount as the condition in a section of the condition of the conditio	27			5. Certificate of Status Desired	T	e Required
City & State		City & State			6. Efection Campaign Financing Trust Fund Contribution		.00 May Be
23	Country	28]	Country		This corporation has liability for in		ded to Fees
24	25	29	30		Florida Statutes	Mo	
	g. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
HINI EL	OYD V. JR.					····	
	YVIEW DR.		82	Street Addr	ess (P.O. Box Number is Not Acceptable	.1)	
SUITE 42	26		83	and the second of the second	The state of the s		
FT. LAUC	DERDALE FL 33304		84	City		 85	Zip Code
11 Purcuent to	o the experience of Sections 607.0500	and 607 1609 Florida Statutos	the about n	annol comor	ution or hanite than elatopout for too area	FL	te repistered office
or registere	ed agent, or both, in the State of Floric b, and accept the obligations of Secti	ia. Such change was authorized on 607.0605. Florida Statutes	by the corpo	oration's boar	ation submits this statement for the pur- rd of directors. I hereby accept the appo	intruent as register	red agent. I am
SIGNATURE	in, and doops the obligations of, beat	orroor.coop, norda bilitates.					
	Signature, typen or printed name of registered agont	and the control of the second of the control of the	· 🔐 • • • • • • • • • • • • • • • • • •	signature required	devenienstatoji	DATE	7.000 111 40
12.	OFFICERS AND	DELETE	13. 1 1 THE		ADDITIONS/CHANGES TO OFFIC	JERS AND DIREC	
NAME	HOEFKES, ELIZABETH		1.2 NAME				_
STREET ADDRESS	4218 MELIA DRIVE		13 STREET	ADDRESS			-
CITY-ST-ZIP	.MISSISSAUGA,ONTARIO	ET on the	14 CITY-S	T-7iP			
TITLE	V\$ WINKELS,SOFIE	☐ DELETE	2 1 1111 F			∏ Chang	ge 🗌 Addition
NAME STREET ADDRESS	1739 BRIDEWELL CT.		2.2 NAME 2.3 STREET	ADDRESS			
CITY-ST-ZIP	MISSISSAUGA, ONTARIO		2.4 CITY - ST	l			
TITLE	D	☐ DELETE	3 1 TIPLE			☐ Chang	ge Addition
NAME	WINKELS, SOFIE		3.2 NAME				
STREET ADDRESS	1739 BRIDEWELL CT. MISSISSAUGA, ONTARIO		3 3 STREFT				1
CITY-ST-ZIP TITLE	SP	☐ DELETÉ	4 1 TIFLE	[- 7 .P		Chang	ge
NAME	WINKELS, FRITZ (ASS'T)		4.2 NAME				,,
STREET ADDRESS	3375 SAWMILL VALLEY DR.		43 STREET	ADDRESS			
CITY-ST-ZIP	MISSISSAUGA, ONTARIO		4.4 C/TY-S	r-ZiP	and the second s		
TITLE	D MANAGE COUT?	☐ DELETE	5 1 TITLE			Chang	ge 🔲 Addition
NAME OXOGEL ADDRESS	winkels, fritz 3375 Sawmill Valley Dr.		5 2 NAME	* Droces			
STREET ADDRESS CITY-ST-ZIP	MISSISSAUGA, ONTARIO		5 3 STREET 5 4 CITY-SI				
TITLE		☐ DELETE	6 1 TITLE	211		Chang	ge Addition
NAME			6.2 NAME				
STREET ADDRESS			63STREET	ADDRESS			
CITY-SI-ZIP	and it, that the information	afth thin filing in and dentil the fact	6 4 CITY-SI		or the exemption stated in Section 119.0	17/21/14 Flor do 600	Mudoe 16 who
in. (do nereb)	y certify triat the information supplied v	wan also ming to voluntarily furfills if	iou a iu uues	a not quality it	ar are exemplion stated in section 119.0	HOMY, HUMUA SIA	autes. Florible!

pental annual report is true and accurate and that my signature shall have the same legal effect as if made under y or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name than address. certify that the information indicated on this approach; that I am an officer or director of the corporappears in Block 12 or Block 13 if changed, or

SIGNATURE:

Faitz WINKELS Mar 5/96 (416) 509-1234

CR2E034 (12/95)