PROFIT CORPORTION ANNUAL REPORT 1999 DOCUMENT # 614057 (a) Control Devention of State DIVISION OF CORPORATIONS Sectory of State DIVISION OF CORPORATIONS DOCUMENT # 614057 (a) Control Devention Annue H.B. GENERAL, INC. Annual Material Management of State DIVISION OF CORPORATIONS DOCUMENT # 614057 (a) Control Devention Annue H.B. GENERAL, INC. Annual Material Management of State DIVISION OF CORPORATIONS DOCUMENT # 614057 (b) DOCUMENT # 614057 (c) DOMOTIVE IN THIS SPACE DIVISION OF CORPORATIONS DOCUMENT # 614057 (c) DOMOTIVE IN THIS SPACE DIVISION OF CORPORATIONS DO NOT WRITE IN THIS SPACE DIVISION OF CORPORATIONS DIVISION OF CORPORATION OF CORPORATIONS DIVISION OF CORPORATIO	FILE NOW: FILING FEE	AFTER MAT 131 13	\$550.00	<b>FILED</b>	
Image: Section of Sections of Sections and Address of New Registered Agent     04:14:1999 90156 013 ***300.00       Opportinion Nems     Adding Address       310 Sth Avenue     Adding Address       Invoided Place of Busines     24       Sete. Apl. F. etc.     Sate. Apl. F. etc.       77     Sate. Apl. F. etc.       78     Corporation Charge Transmission       78     Control Sete Control Contr		Katherij	ne Harris 🔒 🏸 🛇		:00 am State
DOCUMENT # 614057       (8)         H.B. GSNERL, INC.         Indialantic, FL 32903       Antire Address         4770 Kentry suite 100         Indialantic, FL 32903       Antire Address         2. Maing Address       4770 Kentry suite 100         State Advenue       30 5th Avenue         2. Maing Address       4770 Kentry suite 100         3. Data Incorported COLVERT # 614057       100 Address         2. Maing Address       4. FB Inning         2. Maing Address       2. Maing Address         3. Data Incorported Colleging Finiance       32.00 Name of Basiness         3. Data Incorported Colleging Finiance       33.00 Name of Basiness         4. Provide Flace of Basiness       2. Maing Address         4. Provide Flace of Basiness of Current Registered Agent       10 Norma and Address of Current Registered Agent         4. Provide Flace of States of Current Registered Agent       11 Norma and Address of Current Registered Topics         1. Dorbat the provident of Godines 607 (SSH Rotes Basines Agent Basines Address (PO Bas Number is Not Acceptable)       10 Norma and Address of Current Registered Basines         1. Dorbat the provident of Godines 607 (SSH Rotes Basines Agent Basines Address (PO Bas Number is Not Acceptable)       10 Norma and Address of New Registered Basines         1. Dream and Address of Sector BD7 (SSH Rotes Basines Agent Basines Agent Basines Agent Basing Addres	1999	DIVISION OF C	ORPORATIONS		
		V (8)			
310 5th Avenue       4770 Kentt; suite 100         Indialantic, FL 32903       Montreal,Quebbc         Canada H3W 1H2       0 NOT WRITE IN THIS SPACE         Indialantic, FL 32903       Anthereal,Quebbc         Sale, Apt #, etc.       2a         Sale, Apt #, etc.       Subs. Apt #, etc.         Sale, Apt #, etc.       Sale         Sale       Sale         Sale       Sale         Sale       Sale         Sale	H.B. GENERAL, INC.				
Canada H3W 1H2	310 5th Avenue		te 100		
Principal Place of Business       28. Mailing Address       98-0042467       Applied for- 98-0042467         Suite, Apl. #, etc.       28. Status       98-0042467       Not Applicable         City & Statu       28. Contrast of Status Desired       File Request       98-0042467       Not Applicable         City & Statu       28. Contrast of Status Desired       File Request       98-0042467       Not Applicable         City & Statu       City & Statu       City & Statu       1       Status Desired       \$5.00 May performance         Zip       Country       Zip       Country       8. Status Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of Sections 607 (502 and 607 (508, Fields Status, file above name componetion submits the statement for the purpose of changing its registered Agent         11. Pursuant to the provisions of Sections 607 (502 and 607 (508, Fields Status, file above name componetion submits the statement for the purpose of changing its registered Address (P.O. Box Number is Not Acceptable)       11         12. Pursuant to the provisions of Sections 607 (508, Fields Status, file above name componetion submits the statement for the purpose of changing its registered Address is applicable.       12         13. D Stch Address of Sections 607 (508, Fields Status, file above name componetion submits the statement for the purpose of changing its registered Address is applicable.       13 </td <td>Indialantic, FL 32903</td> <td></td> <td></td> <td></td> <td>E</td>	Indialantic, FL 32903				E
28     28     98-0042467     Not Applicable       Suite, Apt. #, etc.     20     \$1.000, Apt. #, etc.     \$1.000, Apt				03/19/1979	
Suite, Apt. #, etc.       Suite, Apt. #, etc.       S. Certificate of Status Desired       \$8.757 Additional Fee Required Trast Fund Cathpatign Financing       \$8.757 Additional Fee Required Addition Fee Required Personal Propey Trast.       \$1000 Fee Required Personal Propey Trast.       \$1000 Fee Required Personal Propey Trast.       \$1000 Fee Required Personal Propey Trast.       Nome Personal Propey Personal Propey Personal Propey Personal Propey Personal Propey Persona	Principal Place of Business				
City & Slate     City X Slate     Country     Zp     Country	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u></u>	5 Certificate of Status Desired S8.	75 Additional
Zip         Country         Zip         Country         8. The corporation over the current year intangles           128         Texponal Property Tax.         Personal Property Tax.<	City & State	City & State			,
9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent       BARNES, WILLLAM 310 5th Avenue Indialantic, FL 32903     91     Name       44     City     FL     83       45     City     FL     83       46     City     FL     83       47     City     FL     83       20     OFFICERS AND DIRECTORS     13. Name     Data       21     OFFICERS AND DIRECTORS     13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.       11     TITLE     Intel     Intel       22     OFFICERS AND DIRECTORS     13. STREET ADDRESS       23     OFFICERS AND DIRECTORS     13. STREET ADDRESS       24     City     13. STREET ADDRESS       23. TITLE     Intel     Change       24. City     Street Address     Change       23. TITLE     Intel     Intel       24. City     Street Address     Change		Zíp		8. This corporation owes the current year Intangible	
BARNESS ,WILLLIAM 310 5th Avenue Indialantic, FL 32903  4			30		s 💷 No
310 5th Avenue       Indialantic, FL 32903.         10       5th Avenue         10       10         10       10         11       10         11       10         11       10         12       10         14       10         15       10         15       10         15       10         15       10         15       10         15       10         15       10         15       10         15       10         15       10         15       10         15       10         15       10         15       10         16       10         16       10         16       10         17       10         16       10         17       10         18       10         18       10         19       10         10       10         10       10         10       10         10       10	BADNES WITTITAM	·	81 Name		
Indialantic, FL 32903.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
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 agent, and accept the obligations of, Section 607.0505, Florida Statutes.  GNATURE Sepatan, topol or printed name of registered agent and take it applicable.  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  COFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  COFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  COFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  COFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  COFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  COFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  COFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  COFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  COFFICERS AND DIRECTORS  24. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  COFFICERS AND DIRECTORS  24. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  COFFICERS AND DIRECTORS  24. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  COFFICERS AND DIRECTORS  24. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  COFFICERS AND DIRECTORS  24. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  24.			83	······································	
office or registered agent, or both, in the State of Florida, Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and milliar with, and accept the obligations of Section 607.0506, Florida Statutes.         GNATURE       Spinitum, hand accept the obligations of Section 607.0506, Florida Statutes.         IGNATURE       OFFICERS AND DIRECTORS         13       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         2       OFFICERS AND DIRECTORS         14       13         REF ADDRES       13         Y-57.2P       Montreal, Quebec Canada         14       Change         2.4       Change         2.4       Change         Y-37.2P       Change         Met       24 With         2.3       Stater Address         Y-37.2P       Change         Met       24 With         2.4       Change         Y-37.2P       Change         Met       24 With         2.4       Change         Y-37.2P       24 GITY-57.2P         Le       12 With         Wei       DELETE         3.3       STREET ADDRESS         Y-3.7.2P       4 GITY-57.2P         Le       DELETE					
Signature, Topolational page and the in applicable.     (MOTE Regression dependence of the regression of the product of the produc			84 City	FL 85	Zip Code
PD     DELETE     1:1 mLe     Change     Addition       ME     BLOCM, HYMAN     12 NAME     13 STREET ADDRESS     13 STREET ADDRESS     14 GTY-ST-2P       ME     DELETE     21 MTLE     Change     Addition       V_ST.2P     24 GTY-ST.2P     Change     Addition       NE     DELETE     31 TTLE     Change     Addition       NE     DELETE     33 STREET ADDRESS     Change     Addition       NY-ST.2P	office or registered agent, or both, in the State	e of Florida. Such change was au	s, the above-named corp thorized by the corporati	poration submits this statement for the purpose of changing	ng its registered
ME BLOOM, HYMAN 12NAME REET ADDRESS 4770 Kent ave, ste 100 13 STREET ADDRESS 4770 Kent ave, ste 100 14 OTV-ST-ZP LE C DELETE 21 TITLE C Change Addition 22 STREET ADDRESS C C C C C C C C C C C C C C C C C C C	office or registered agent, or both, in the Statu agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag	e of Florida. Such change was au pations of, Section 607.0505, Flori	s, the above-named corp thorized by the corporati da Statutes.	Doration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment ad when reinstating) DATE	ng its registered as registered
Montreal,Quebec Canada       14 GTV-ST-ZP         LE       DELETE       21 TTLE       Change       Addition         MME       22 NAME       23 STREET ADDRESS       23 STREET ADDRESS         PV_ST_ZP       24 GTV-ST-ZP       Change       Addition         UDELETE       31 TTLE       Change       Addition         WE       DELETE       31 TTLE       Change       Addition         WE       32 STREET ADDRESS       Change       Addition         Vr.ST-ZIP       33 STREET ADDRESS       Change       Addition         Vr.ST-ZIP       34 GTV-ST-ZP       Change       Addition         ME       DELETE       41 TTLE       Change       Addition         ME       22 NAME       3 STREET ADDRESS       Change       Addition         Yr.ST-ZIP       34 GTV-ST-ZIP       Change       Addition         ME       22 NAME       S3 STREET ADDRESS       Change       Addition         Yr.ST-ZIP       22 NAME       S3 STREET ADDRESS       Change       Addition         ME       22 NAME       S3 STREET ADDRESS       Change       Addition         Yr.ST-ZIP       S3 STREET ADDRESS       S3 STREET ADDRESS       S3 STREET ADDRESS       S3 STREET ADDRESS	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered agent. OFFICERS A	e of Florida. Such change was au pations of, Section 607.0505, Flori pent and title if applicable. (NOTE: I ND DIRECTORS	s, the above-named corp thorized by the corporati da Statutes. Registered Agent signature require 13.	Deration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE	ng its registered as registered
ILE       DELETE       21 TITLE       Change       Addition         ME       22 NAME       23 STREET ADDRESS       23 STREET ADDRESS         IV_ST_2P       24 CITY-ST-2P       24 CITY-ST-2P         LE       DELETE       31 TITLE       Change Addition         MKE       32 NAME       33 STREET ADDRESS       Change Addition         NRE       33 STREET ADDRESS       33 STREET ADDRESS	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered agent. OFFICERS A	e of Florida. Such change was au pations of, Section 607.0505, Flori pent and title if applicable. (NOTE: I ND DIRECTORS	s, the above-named corp thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE	Deration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE	ng its registered as registered
ME 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 24 CITY	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag DFFICERS A LE PD WE BLOOM, HYMAN	e of Florida. Such change was au jations of, Section 607.0505, Flori gent and title if applicable. (NOTE: I ND DIRECTORS	s, the above-named corp thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	Deration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE	ng its registered as registered
REET ADDRESS       2.3 STREET ADDRESS         DY_ST_ZIP	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag DFFICERS A LE PD ME REET ADDRESS Y-ST-ZIP MONTREAL, QUEBEC (	e of Florida. Such change was au gations of, Section 607.0505, Flori and title if applicable. (NOTE: 1 ND DIRECTORS DELETE te 100 Canada	s, the above-named corporati thorized by the corporati da Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	boration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment of when reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRE     Cha	ng its registered as registered
Y_SIZ/P       2,4 CITY-ST-ZIP         ILE       IDELETE         NME       32 NAME         REET ADDRESS       33 STREET ADDRESS         IY-ST-ZIP       34, CITY-ST-ZIP         ILE       IDELETE         4, CITY-ST-ZIP       Change         ILE       IDELETE         4, CITY-ST-ZIP       Change         ILE       IDELETE         4, CITY-ST-ZIP       Change         Addition       4. 2 NAME         REET ADDRESS       4. 3 STREET ADDRESS         IY-ST-ZIP       44 CITY-ST-ZIP         LE       IDELETE         STREET ADDRESS       44 CITY-ST-ZIP         LE       IDELETE         STREET ADDRESS       44 CITY-ST-ZIP         LE       IDELETE       S1 STREET ADDRESS         Y-ST-ZIP       44 CITY-ST-ZIP         LE       IDELETE       S1 STREET ADDRESS         Y-ST-ZIP       S4 CITY-ST-ZIP         LE       IDELETE       6.1 TITLE         IE       IDELETE       6.1 TITLE         ME       62 NAME       63 STREET ADDRESS         Y-ST-ZIP       6.1 STREET ADDRESS       Yet ST-ZIP         ME       63 STREET ADDRESS       Yet ST-ZIP	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag DFFICERS A LE PD ME REET ADDRESS Y-ST-ZIP MONTREAL, Quebec (	e of Florida. Such change was au gations of, Section 607.0505, Flori and title if applicable. (NOTE: 1 ND DIRECTORS DELETE te 100 Canada	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	boration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment of when reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRE     Cha	ng its registered as registered
ME 32 NAME 32 NAME 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP Addition 4 CITY-ST-ZIP 44 CITY-S	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag OFFICERS A BLOOM, HYMAN REET ADDRESS Y-ST-ZIP Montreal, Quebec (	e of Florida. Such change was au gations of, Section 607.0505, Flori and title if applicable. (NOTE: 1 ND DIRECTORS DELETE te 100 Canada	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	boration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment of when reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRE     Cha	ng its registered as registered
REET ADDRESS     3.3 STREET ADDRESS       Y-ST-ZIP     3.4 CITY-ST-ZIP       LE     DELETE       4.1 TITLE     Change       Addition       ME     4.2 NAME       REET ADDRESS     4.3 STREET ADDRESS       Y-ST-ZIP     4.4 CITY-ST-ZIP       LE     DELETE       5.1 TITLE     Change       Addition     5.2 NAME       KREET ADDRESS     5.3 STREET ADDRESS       Y-ST-ZIP     5.4 CITY-ST-ZIP       LE     DELETE       5.1 TITLE     Change       S.3 STREET ADDRESS     Addition       WE     5.3 STREET ADDRESS       Y-ST-ZIP     5.4 CITY-ST-ZIP       LE     DELETE       6.1 TITLE     Change       Addition       KE     6.3 STREET ADDRESS       Y-ST-ZIP     6.4 CITY-ST-ZIP	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature. typed or printed name of registered ag OFFICERS A LE PD ME BLOOM, HYMAN 4770 Kent ave, s Montreal, Quebec (	e of Florida. Such change was au gations of, Section 607.0505, Flori and title if applicable. (NOTE: 1 ND DIRECTORS DELETE te 100 Canada	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	boration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment of when reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRE     Cha	ng its registered as registered
Y-ST-ZIP       34. CITY-ST-ZIP         LE       DELETE       4.1 TITLE       Change       Addition         ME       4.2 NAME       4.3 STREET ADDRESS       4.3 STREET ADDRESS       Y-ST-ZIP         V-ST-ZIP       44 CITY-ST-ZIP       Change       Addition         LE       DELETE       5.1 TITLE       Change       Addition         ME       S2 NAME       S3 STREET ADDRESS       Addition         Y-ST-ZIP       54 CITY-ST-ZIP       Change       Addition         ME       S3 STREET ADDRESS       S3 STREET ADDRESS       Addition         Y-ST-ZIP       DELETE       6.1 TITLE       Change       Addition         ME       DELETE       6.3 STREET ADDRESS       Addition       Addition         Y-ST-ZIP       G2 NAME       G3 STREET ADDRESS       Addition         Y-ST-ZIP       G3 STREET ADDRESS       Y-ST-ZIP       Change       Addition	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag OFFICERS A BLOOM, HYMAN REET ADDRESS Y-ST-ZIP Montreal, Quebec ( LE ME REET ADDRESS Y-ST-ZIP	e of Florida. Such change was au gations of, Section 607.0505, Flori int and title if applicable. (NOTE: I IND DIRECTORS DELETE te 100 Canada DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PL     Doration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRE     Cha	ng its registered as registered
LE     DELETE     4.1 TITLE     Change     Addition       ME     4.2 NAME     4.3 STREET ADDRESS     4.3 STREET ADDRESS       Y-ST-ZIP     44 CITY-ST-ZIP     Change     Addition       LE     DELETE     5.1 TITLE     Change     Addition       ME     5.3 STREET ADDRESS     5.3 STREET ADDRESS     Addition       Y-ST-ZIP     5.4 CITY-ST-ZIP     Change     Addition       ME     DELETE     6.1 TITLE     Change     Addition       ME     6.3 STREET ADDRESS     Change     Addition       ME     6.3 STREET ADDRESS     Change     Addition       Y-ST-ZIP     6.1 TITLE     Change     Addition	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag OFFICERS A LE PD ME BLOOM, HYMAN 4770 Kent ave, s Montreal, Quebec ( LE WE REET ADDRESS Y-ST-ZIP E ME	e of Florida. Such change was au gations of, Section 607.0505, Flori int and title if applicable. (NOTE: I IND DIRECTORS DELETE te 100 Canada DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	PL     Doration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRE     Cha	ng its registered as registered
ME 4. 2 NAME REET ADDRESS Y- ST-ZIP LE   DELETE 5.1 TITLE   Change Addition ME 52 NAME S3 STREET ADDRESS Y- ST-ZIP 54 CITY- ST-ZIP LE   DELETE 6.1 TITLE   Change Addition ME 6.1 TITLE   Addition Addition ME 6.1 TITLE   Addition   Addition ME 6.1 TITLE   Addition	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag DFFICERS A LE PD BLOOM, HYMAN 4770 Kent ave, S Montreal, Quebec ( LE WE REET ADDRESS Y-SI-ZIP	e of Florida. Such change was au gations of, Section 607.0505, Flori int and title if applicable. (NOTE: I IND DIRECTORS DELETE te 100 Canada DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	PL     Doration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRE     Cha	ng its registered as registered
Y-ST-ZIP       44 CITY-ST-ZIP         LE       DELETE       5.1 TITLE         ME:       5.2 NAME         S2 NAME       5.3 STREET ADDRESS         Y-ST-ZIP       5.4 CITY-ST-ZIP         LE       DELETE         6.1 TITLE       Change         ME:       6.1 TITLE         REET ADDRESS       6.3 STREET ADDRESS         Y-ST-ZIP       6.3 STREET ADDRESS         Y-ST-ZIP       6.4 CITY-ST-ZIP	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag OFFICERS A LE PD ME BLOOM, HYMAN 4770 Kent ave, s: Montreal, Quebec ( LE WE REET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP	e of Florida. Such change was au jations of, Section 607.0505, Flori int and title if applicable. (NOTE: I IND DIRECTORS DELETE te 100 Canada DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	Deration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment ad when reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRI Change Change	ange Addition
LE DELETE 5.1 TITLE Change Addition ME 52 NAME 53 STREET ADDRESS 54 C(TY-ST-ZIP LE DELETE 6.1 TITLE Change Addition ME 62 NAME 62 NAME 63 STREET ADDRESS Y-ST-ZIP 64 C(TY-ST-ZIP	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag DFFICERS A LE PD BLOOM, HYMAN 4770 Kent ave, s Montreal, Quebec ( LE WE REET ADDRESS Y-ST-ZIP E KE EET ADDRESS Y-ST-ZIP E	e of Florida. Such change was au jations of, Section 607.0505, Flori int and title if applicable. (NOTE: I IND DIRECTORS DELETE te 100 Canada DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	Deration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment ad when reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRI Change Change	ange Addition
ME     52 NAME       REET ADDRESS     5.3 STREET ADDRESS       Y-ST-ZIP     5.4 CITY-ST-ZIP       LE     DELETE       6.1 TTLE     Change       ME     6.2 NAME       REET ADDRESS     6.3 STREET ADDRESS       Y-ST-ZIP     6.4 CITY-ST-ZIP	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag DFFICERS A UE PD BLOOM, HYMAN 4770 Kent ave, s Montreal,Quebec ( LE WE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	e of Florida. Such change was au jations of, Section 607.0505, Flori int and title if applicable. (NOTE: I IND DIRECTORS DELETE te 100 Canada DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	Deration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment ad when reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRI Change Change	ange Addition
REET ADDRESS         5.3 STREET ADDRESS           Y-ST-ZIP         5.4 CITY-ST-ZIP           LE         DELETE           6.1 TTLE         Change           MEE         6.2 NAME           REET ADDRESS         6.3 STREET ADDRESS           Y-ST-ZIP         6.4 CITY-ST-ZIP	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag DFFICERS A PD BLOOM, HYMAN 4770 Kent ave, s Montreal,Quebec ( LE WE REET ADDRESS Y-ST-ZIP LE WE REET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS	e of Florida. Such change was au jations of, Section 607.0505, Flori	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	Deration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment ad when reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRE     Cha	ange Addition
Statistics         Statistics           Y-ST-ZIP         5.4 C(TY-ST-ZIP           LE         DELETE         6.1 TTLE         Change         Addition           ME         6.2 NAME         6.3 STREET ADDRESS         6.3 STREET ADDRESS         Y-ST-ZIP           Y-ST-ZIP         6.4 C(TY-ST-ZIP         6.4 C(TY-ST-ZIP         Change         Change         Change	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag OFFICERS A UE PD BLOOM, HYMAN 4770 Kent ave, s: Montreal,Quebec ( LE WE REET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP E	e of Florida. Such change was au jations of, Section 607.0505, Flori	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	Deration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment ad when reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRE     Cha	ange Addition
LE DELETE 6.1 TITLE Change Addition ME 6.2 NAME REET ADDRESS Y-ST-ZIP 6.4 CITY-ST-ZIP	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag OFFICERS A PD BLOOM, HYMAN 4770 Kent ave, s Montreal, Quebec ( LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	e of Florida. Such change was au jations of, Section 607.0505, Flori	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Deration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment ad when reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRE     Cha	ange Addition
REET ADDRESS TY-ST-ZIP 6.3 STREET ADDRESS 6.4 C/TY-ST-ZIP	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag OFFICERS A UE PD BLOOM, HYMAN &EET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	e of Florida. Such change was au jations of, Section 607.0505, Flori	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	Deration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment ad when reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRE     Cha	ange Addition
64 CITY-ST-ZIP	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag OFFICERS A PD BLOOM, HYMAN &EET ADDRESS Y-ST-ZIP ME REET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP	e of Florida. Such change was au gations of, Section 607.0505, Flori yent and title if applicable. (NOTE: 1 IND DIRECTORS DELETE te 100 Canada DELETE DELETE DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Deration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE Change Change Ch	ange Addition
	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag OFFICERS A UE PD BLOOM, HYMAN &EET ADDRESS Y-ST-ZIP ME REET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP E	e of Florida. Such change was au gations of, Section 607.0505, Flori yent and title if applicable. (NOTE: 1 IND DIRECTORS DELETE te 100 Canada DELETE DELETE DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	Deration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE Change Change Ch	ange Addition
	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or printed name of registered ag OFFICERS A PD BLOOM, HYMAN REET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP	e of Florida. Such change was au gations of, Section 607.0505, Flori yent and title if applicable. (NOTE: 1 IND DIRECTORS DELETE te 100 Canada DELETE DELETE DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	Deration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE Change Change Ch	ange Addition

## SIGNATURE: \_

---

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 10 3/7 / Date

1

1ŝ