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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 07 1997 8:00am  
Secretary of State

DOCUMENT # 631090 (8)

1. Corporation Name  
DO-RE-MI OF FLORIDA, INC.



Principal Place of Business Mailing Address  
12265 GUERTIN 12265 GUERTIN  
MONTREAL, CANADA H4J 1V8 MONTREAL, CANADA H4J 1V8

3. Date Incorporated or Qualified 07/27/1979 3a. Date of Last Report 04/18/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2052733 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

WILLIS, CLAUDIA J  
% ROMANIK LAVIN HUSS & PAOLI, P.A.  
1901 HARRISON STREET  
HOLLYWOOD FL 33020

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	ST	1.1 TITLE	
NAME	ROY, JEAN	1.2 NAME	
STREET ADDRESS	12265 GUERTIN	1.3 STREET ADDRESS	
CITY - ST - ZIP	MONTREAL, CANADA	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	
NAME	LORRAINE, ROY	2.2 NAME	
STREET ADDRESS	211 SE 1ST AVENUE	2.3 STREET ADDRESS	415 N.E 2nd Street #224
CITY - ST - ZIP	HALLANDALE FL	2.4 CITY - ST - ZIP	HALLANDALE FL
TITLE	V	3.1 TITLE	
NAME	ANTOINETTE, PEPIN	3.2 NAME	
STREET ADDRESS	211 SE 1ST AVENUE	3.3 STREET ADDRESS	415 N.E 2nd Street #224
CITY - ST - ZIP	HALLANDALE FL	3.4 CITY - ST - ZIP	HALLANDALE FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/24

Date

Daytime Phone #

0529885

CP2E034 (9/96)