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Mar 18 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 # **842695** **(9)**

1. Corporation Name
LOUIS WEISFELD LIMITED, INC.

Principal Place of Business
164 N.POWERLINE RD.
POMPANO BCH. FL 33069

Mailing Address
164 N.POWERLINE RD.
POMPANO BCH. FL 33069-2514

3. Date Incorporated or Qualified: **02/28/1979**
3a. Date of Last Report: **04/17/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **52-1154712** ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
KLINE, ARTHUR J
2665 S.BAYSHORE DR.,STE.903
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent
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 the person signing, and title if applicable) (REQUIRED: Registered Agent signature is required when reinstated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	XX DELETE	11 TITLE	PD	☒ Change ☒ Addition
NAME	WEISFELD, LOUIS		12 NAME	Gabi Weisfeld	
STREET ADDRESS	150 HEATH ST W 1004		13 STREET ADDRESS	150 Heath Street W., Apt 1004	
CITY-ST-ZIP	TORONTO ONT CA		14 CITY-ST-ZIP	Toronto, Ontario Canada	
TITLE	STD	XX DELETE	21 TITLE		☒ Change ☐ Addition
NAME	NEWMAN, DAVID E		22 NAME		
STREET ADDRESS	26 BRAEMORE GARDENS		23 STREET ADDRESS		
CITY-ST-ZIP	TORONTO, CANADA		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

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: Gabi Weisfeld 3/7/97 (9)929-1840