FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **853760** **(7)**

1. Corporation Name

RICHARD SHAPIRO HOLDINGS LIMITED INC.

Principal Place of Business

150 WEST FLAGLER ST
2200 MUSEUM TOWER
MIAMI FL 33130
US

Mailing Address

150 WEST FLAGLER ST
2200 MUSEUM TOWER
MIAMI FL 33130
US

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

3. Date Incorporated or Qualified: **08/13/1982**

3a. Date of Last Report: **02/09/1995**

4. FEI Number: **98-0036604** ☐ 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

FREITAG, DEAN M.
150 WEST FLAGLER STREET
2200 MUSEUM TOWER
MIAMI FL 33130

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 Section 607.0502 and 607.1505, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SHAPIRO, FRANCES	
STREET ADDRESS	831 WELLINGTON ST.	
CITY-ST-ZIP	LONDON, ONT., CAN	
TITLE	VD	☐ DELETE
NAME	SHAPIRO, MICHELLE	
STREET ADDRESS	569 WILLIAM STREET	
CITY-ST-ZIP	LONDON, ONTARIO CAN	
TITLE	STD	☐ DELETE
NAME	SHAPIRO, JOEL	
STREET ADDRESS	111 DEVONSHIRE AVENUE	
CITY-ST-ZIP	LONDON ON	
TITLE	D	☐ DELETE
NAME	MILLS, LORNA	
STREET ADDRESS	422 BERKSHIRE DR	
CITY-ST-ZIP	LONDON, ONTARIO, CAN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-TITLE	☐ Change	☐ Addition
2-NAME		
3-STREET ADDRESS		
4-CITY-ST-ZIP		
5-TITLE	☐ Change	☐ Addition
6-NAME		
7-STREET ADDRESS		
8-CITY-ST-ZIP		
9-TITLE	☐ Change	☐ Addition
10-NAME		
11-STREET ADDRESS		
12-CITY-ST-ZIP		
13-TITLE	☐ Change	☐ Addition
14-NAME		
15-STREET ADDRESS		
16-CITY-ST-ZIP		
17-TITLE	☐ Change	☐ Addition
18-NAME		
19-STREET ADDRESS		
20-CITY-ST-ZIP		
21-TITLE	☐ Change	☐ Addition
22-NAME		
23-STREET ADDRESS		
24-CITY-ST-ZIP		

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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: LORNA MILLS 26th February, 1996 (519) 672-8320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number