

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

98 OCT 16 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A92000000098

GORAL TOV, LTD.

Mailing Address

Principal Office Address

DALFENS LIMITED ATTN MARIE ANDREE CLAUDE
8479 DEVONSHIRE PLACE
MONTREAL QUEBEC CANADA H4P 1S5

DALFENS LIMITED ATTN MARIE ANDREE CLAUDE
8479 DEVONSHIRE PLACE
MONTREAL QUEBEC CANADA H4P 1S5

3. Date Formed or Registered

12/01/1992

3a. Date of Last Report

10/15/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$1,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

4444 Ste. Catherine West

Suite, Apt. #, etc.

Suite 100

City & State

Westmount, Quebec

Zip

H3Z 1B2 Canada

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

98-0131128

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

COBB, THOMAS C ESQ.
C/O SCHARLIN, LANZETTA, ET. AL
1399 S.W. FIRST AVE., SUITE 400
MIAMI FL 33130

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

DALFEN U.S. PROPERTY CORP.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

~~8479 PLACE DEVONSHIRE~~
4444 Ste Catherine West
Suite 100

11b. City, State & Zip Code

~~VILLE MONT ROYAL, CAN~~
Westmount, Quebec Can

11c. Registration/
Document Number

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Murray Dalen

DATE October 9, 1998

Typed or Printed Name of General Partner Signing Form

Murray Dalen, President DLUS Property

Daytime Telephone Number (514) 938-1050

CR2E003 (8/98)