

RECEIVED IN THE OFFICE OF THE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998/1999

**A 97000002780**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 NOV 16 PM 1:05

1. Name of Limited Partnership  
**OUIPOQUE, LTD.**

1a. DOCUMENT #  
**A97000002780**

Mailing Address  
c/o Beaufort, Inc.  
6500 Trans Canada Highway  
Suite 210  
St. Laurent, Quebec,  
Canada H4T 1X4

Principal Office Address  
c/o Beaufort, Inc.  
6500 Trans Canada Highway  
Suite 210  
St. Laurent, Quebec,  
Canada H4T 1X4

2. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Principal Office Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Formed or Registered  
**12/19/97**

3a. Date of Last Report  
**12/28/97**

4. State or Country of Formation  
**Broward**

5a. Capital Contributions as Shown on record.  
**\$1,000.00**

5b. Amount of Capital Contributions in FLORIDA to date:  
**\$1,000.00**

6. FEI Number  
**65-0800988**

☐ 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  
**Louise J. Allen  
2200 Museum Tower  
150 West Flagler Street  
Miami, Florida 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
Beaufort, Inc.	6500 Trans Canada Hwy. Suite 210	St. Laurent, Quebec Canada H4T 1X4	S83078

**300002691973--5**  
**-11/19/98--01089--017**  
**\*\*\*\*141.25 \*\*\*\*141.25**

**11/16/98**

**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 Michael Zunanshine DATE Nov 5/98  
Typed or Printed Name of General Partner Signing Form President of Beaufort, Inc., Daytime Telephone Number 514-344-1300  
its general partner

CR2E003 (12/97)