FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation	VIENT# F2436 Name .UB CANADIEN (FLORIDE),		(U)				
	ioo ommoren (reombe)	1110.					
Principal Place	of Business	Mailing Addres					
700 S DIXIE HWY HOLLYWOOD FL 33020		2601 S.W. 48TH TERRACE PEMBROKE PARK FL 33023					
US						3. Date Incorporated or Qualified 3a. Date of Last Re 03/31/1981 03/23/1	
2. Principa! Pia 21	ce of Business	2a. Mailing Add	ress			4, FEI Number	Applied For Not Applicable
Suite Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired 5	Additional Required
City & State		Crty & State	Crty & State				O May Be d to Fees
Ζη. 24	Country 25 29		30	Country 30		8. This corporation has liability for intangible tax under s Florida Statutes Yes No	199.032,
	Name and Address of Curren	t Registered Ageni			T	10. Name and Address of New Registered Agent	
				81	Name		
LESSARD, HENRI 2601 S.W. 48TH TERRANCE				82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
PENBROKE PARK FL 33023				83			
				84	City	FL 85 Zı;	o Code
o: registere	o the provisions of Sections 607,0502 od agent, or both, in the State of Floric o, and accept the obligations of, Secti	la. Such chance was	authorized by th	ibove-i	named corp oration's bi	poration submits this statement for the purpose of changing its record of directors. I hereby accept the appointment as registered	egistered office agent. I am
SIGNATURE							
	Spriative typed or the ted hame of registered agents OFFICERS AND		(NOTE: Rugiste		nt signal ire requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DC IN 12
li'ut	P	DE		1 TITLE		Change	Addition
NAME	LESSARD, HENRI		1.3	2 NAME			
STREET ADDRESS	2601 S W 48TH TERRACE		1.3	3 STREET	ADDRESS		
CIT SLZP	PEMBROKE PARK FL			4 CITY - 5	31 - 21P		
TILE	ST	☐ DE	LETE 2	1 TITLE		☐ Change	Addition
NAME	ROLAND, JOYAL		2:	2 NAME			
STREET ADDRESS	916 N.E. 19TH STREET				ADDRESS		
C IY ST ZiP	HALLANDALE FL			4 CITY - 5	IT-ZIP		
1FUF	DE MONTHONIV (EANNINE	DE		1 TOLE		Change	Addition
NAME FOR LANDSCORE	DE MONTIGNY, JEANNINE 2601 SW 48TH TERRACE			2 NAME			
STACL LADDRESS	PEMBROKE PARK FL				T ADDRESS		
61114371	TEMBROKE FARK FE	DE		4 CITY - S 1 TITLE	or-ZIP	Change	☐ Addition
NAMI		<u></u>		2 NAME			
STREET ADORESS					ADDRESS		
C11Y+\$1+Z4P				4 CITY - S			
THEF		DF	LETE 5.	1 TITLE		☐ Change	Addition
NAME			. 5:	2 NAME			
STREET ADDRESS			53	3 STREET	ADDRESS		
City St. 74"				4 CITY - S	61 - ZIP		
1:TLE		□ DE		1 TITLE		☐ Change	☐ Addition
N4M;				2 NAME			
STREET ADDRESS					ADDRESS		
Lity St-Zift	contifu that the information presided	with this flips in value		4 CITY - S		v for the exemption stated in Section 119 07(3)(k). Florida Statut	14

red interety certify that the information supplies with this timing is voluntarily turnished and does not quality for the exemption stated in Section 119:07(5)(k), Florida Statutes. Further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 DIREC

HENRI LESSARD 2/19/96 954-966-7182