

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000725 (3)

1. Corporation Name

NORPET (RAPIDS) INC.



Principal Place of Business

Mailing Address

5500 AVE. ROYALMOUNT, SUITE 200
MONTREAL, QUEBEC
CANADA H4P 1H7

5500 AVE. ROYALMOUNT, SUITE 200
MONTREAL, QUEBEC
CANADA H4P 1H7

3. Date Incorporated or Qualified
12/17/1992

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

58-1392453

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 of agent or person named as registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME: PCD
ZAVALKOFF, NORMAN
STREET ADDRESS: 5500 AVE ROYALMOUNT, SUITE 200
CITY-STATE-ZIP: MONTREAL, QUEBEC, CANADA H4P 1H7

2. TITLE ☐ DELETE

NAME: ST
SHAPIRO, PETER
STREET ADDRESS: 5500 AVE ROYALMOUNT, SUITE 200
CITY-STATE-ZIP: MONTREAL, QUEBEC, CANADA H4P 1H7

3. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

4. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

5. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

6. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY-STATE-ZIP

5. 5. TITLE ☐ Change ☐ Addition

6. 6. NAME

7. 7. STREET ADDRESS

8. 8. CITY-STATE-ZIP

9. 9. TITLE ☐ Change ☐ Addition

10. 10. NAME

11. 11. STREET ADDRESS

12. 12. CITY-STATE-ZIP

13. 13. TITLE ☐ Change ☐ Addition

14. 14. NAME

15. 15. STREET ADDRESS

16. 16. CITY-STATE-ZIP

17. 17. TITLE ☐ Change ☐ Addition

18. 18. NAME

19. 19. STREET ADDRESS

20. 20. CITY-STATE-ZIP

21. 21. TITLE ☐ Change ☐ Addition

22. 22. NAME

23. 23. STREET ADDRESS

24. 24. CITY-STATE-ZIP

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)