

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PH 3: 03

DOCUMENT # **F93000000567 (8)**

1. Corporation Name
118280 CANADA INC.

Principal Place of Business: **145 AUGER STE-CROIX DE LOTBINIERE QUE CA GOS2H-O**
Mailing Address: **145 AUGER STE-CROIX DE LOTBINIERE QUE CA GOS2H-O**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/08/1993	3a. Date of Last Report 05/01/1994
21. State, Apt., #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 96-0131693	Applied For <input type="checkbox"/> Not Applicable
25. Country	26. Zip	27. Country	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Country	30. Zip	31. Country	32. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRUNTON REGISTERED AGENTS INC. 4710 NW BOCA RATON BLVD., #101 BOCA RATON FL 33431				10. Name and Address of New Registered Agent	
81. Name				85. State	
82. Street Address (P.O. Box Number is Not Acceptable)				86. Zip Code	
83. City				87. State	
84. City				88. 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DCP LAFUAMME, GUY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	145, RUE AUGER STE-CROIX DE LOTBINIERE	1.2 NAME	
CITY, ST, ZIP	PQ CANADA GOS 2HO	1.3 STREET ADDRESS	
TITLE		1.4 CITY, ST, ZIP	
NAME		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.2 NAME	
CITY, ST, ZIP		2.3 STREET ADDRESS	
TITLE		2.4 CITY, ST, ZIP	
NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY, ST, ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY, ST, ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY, ST, ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.02(1)(b), Florida Statutes. I further certify that this information is not filed on this date as a report or supplemental annual report in lieu and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I am the recipient of funds or compensation to complete this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers or directors of the corporation as an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/10/95**
PRINTED NAME OF REGISTERED AGENT