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PROFIT CORPORATION ANNUAL REPORT



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

1996

F93000002917 (3) DOCUMENT #

1. Corporation Name

2617-6222 QUEBEC INC.				
cipal Place of Business * PAUL GRATIAS. ERNST & YOUNG	Mailing Address C/O PAUL GRATIAS. ERNES E PO BOX 251 ERNST & YOU	IT & YOUNG NG TOWER TO CENTRE	• • • • • • • • • • • • • • • • • • •	
& PAUL GRATIAS. ERNST & YOUNG TOWER TO CENTRE PO BOX 251 ERNST & YOUNG TOWER TO CENTRE TORONTO ONTARIO CA MSK15 US	E PO BOX 251 ERNSI & TOU TORONTO ONTARIO CA M51 US	iK15	3. Date incorporated of Culaimod 06/21/1993	3a. Date of Last Report 06/20/1995 Applied For
	2a. Mailing Address		4. FEI Number	Not Applicable
Principal Place of Business	26. Walling Address		NOT APPLICABLE	\$8.75 Additional
Cuito Ant # atc	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.	27		Election Campaign Financing	\$5.00 May Be
City & State	City & State		Trust Fund Contribution	Added to Fees
Country	28 29 MSK 137 30	Country	This corporation has liability for it Statutes	EX 140
4PM5K UT TO MICHOUT		L	10. Name and Address of New R	Registered Agent
9. Name and Address of Curren	и педізівіва мувін	81 Name		
			ress (P.O. Box Number is Not Acceptat	ble)
KLINGBEIL, ROBERT JR. 341 VENICE AVE. WEST VENICE FL 34285 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, or registered agent, or both, in the State of Florida. Such change was authorized or registered agent, the obligations of, Section 607.0505, Florida Statutes.				
		83		- In-1 - Art
		84 City		FL 85 Zip Code
		1-1	ration entimite this statement for the or	Office
Pursuant to the product of the	nt and title if applicable. (NOTE: R	Registered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OF	FFICERS AND DIRECTORS IN 12 Change Addition
12. OFFICERS AN	ND DIRECTORS	1. 1 TITLE		Change D years
TITLE COP	<u> </u>	1.2 NAME		
NAME GRATIAS, O A	T THE MONTEPPE	<u>.</u>		
STREET ADDRESS 3468 DRUMMOND ST., AP	JT KUS MKINIHHPOI	1.3 STREET ADDRESS		
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63 STREET ADDRESS

NAME

President VILLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 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 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 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 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 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 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 under the same legal effect as Feb 28/96