FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 27 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001823 (3)

1. Corporation Name
SB MANAGEMENT INC.

Principal Place of Business
~~401 BANBURY ROAD~~
~~NORTH YORK, ONTARIO M2L2C1~~

Mailing Address
~~401 BANBURY ROAD~~
~~NORTH YORK, ONTARIO M2L2C1~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21 100 SE 2nd St
Suite, Apt. #, etc.
22 28 Floor
City & State
23 miami, fl
Zip 24 33131 Country 25 US

2a. Mailing Address
26 100 SE 2nd St
Suite, Apt. #, etc.
27 28 Floor
City & State
28 miami, fl
Zip 29 33131 Country 30 US

4. FEI Number 98-0140733 — 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
~~FLORIDA REGISTERED AGENTS, INC.~~
~~100 SOUTHEAST 2ND STREET~~
~~SUITE 3600~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent
61 Name: RT G & S Registered Agent Corp.
62 Street Address (P.O. Box Number is Not Acceptable): 100 SE 2nd St.
63 28 Floor
64 City: miami FL 65 Zip Code: 33131

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: Marc Averbach — MARC AVERBACH, Pres RT G & S Reg. Agent Corp. — DATE: 6/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	P/D/T
NAME	SUCKONIC, JOSEPH
STREET ADDRESS	356 BROADWAY AVENUE
CITY-ST-ZIP	TORONTO CA M4P1W9
TITLE	V/S/D
NAME	WAXMAN, CLIFFORD
STREET ADDRESS	401 BANBURY ROAD
CITY-ST-ZIP	NORTH YORK, ONTARIO M2L2C1

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D/T	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/S/D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	300001526873	☐ Change ☐ Addition
3.2 NAME	-06/29/95--01036--016	
3.3 STREET ADDRESS	***2025.00 ****225.00	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

AL 6/27

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: _____ 6/26/95 (416) 486-4491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Clifford Waxman, Sec.

0480641 IN