FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000002180 (7)

FILED Feb 11 1998 8:00am Secretary of State

MARK	WILK HOLDINGS INC.								
Principal Place of Business 124 CHATILLON DOLLARD DES ORMEAUX. QUEBEC H9B 217 CANADA US Mailing Address 124 CHATILLON DOLLARD DES ORMEAUX. QUEBEC H9B 217 CANADA US US						7			
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						04/27/1994			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		TA	pplied For
21		26				NOT APPLICABLE		I	lot Applicable
Sulte, Apt. #, etc Suite, Apt. #, etc.						5. Certificate of Status Desired	•		Additional equired
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Zip Country Zip 25 29		Country 30	<i>,</i>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Register	ed Age	nt	
MARCO, GERALD A ESQUIRE				N	ame				
1401 BRICKELL AVE. STE. 530				s	treet Addres	Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33131				Γ					
			84	c	ity		. la	5 Zip	Code
11. Pursuant office or r agent. I a SIGNATURE			_			ration submits this statement for the purpos n's board of directors. I hereby accept the		anging i ment as	its registered registered
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis OFFICERS AND DIRECTORS			ent gi	gnature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD DELETE		1.1 TITLE			TIDE TO STATE OF THE STATE OF T		Change	Addition
NAME	WILK, MARK		1.2 NAME	1.2 NAME					
STREET ADDRESS	124 CHATILLON DRIVE, DOL	LARD DES ORMEAUX	1.3 STREET	ADD	RESS				
CITY-ST-ZIP	QUEBEC H9B 2L7 CANADA		1.4 CITY - S	T-ZI	Р				
TITLE	L_I DELET		21 TITLE					Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS		1				
CITY-ST-ZIP TITLE				2. 4 CITY-ST-ZIP 3.1 TITLE				Change	Addition
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STREET ADDRESS			3.3 STREET	¥DD	BEGG				
CITY-ST-ZIP			3.4. CITY-5						
TITLE	DELETE		4.1 TITLE					Change	Addition
NAME			4. 2 NAME					-	
STREET ADDRESS			4.3 STREET	ADD	RESS				
CITY-ST-ZIP			4.4 CITY - S	4.4 City - ST - ZIP			1.		_4
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NAME			5.2 NAME		1			7/	///
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

18/98

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