SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 31 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004098 (9)**

1. Corporation Name

9002-6345 QUEBEC INC.

Principal Place of Business	Mailing Address
C/O VISTAVIEW APARTMENTS. LTD. SUITE 104. 17094 COLLINS AVENUE MIAMI BEACH FL 33160	C/O VISTAVIEW APARTMENTS. LTD. SUITE 104. 17094 COLLINS AVENUE MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2301 W. Sample Rd
22 Suite, Apt. #, etc.: Bldg 5 #4C
23 City State: Pompano Beach, Florida
24 Zip: 33073
25 Country: USA

2a. Mailing Address
26: 2301 W. Sample Rd
27 Suite, Apt. #, etc.: Bldg 5 #4C
28 City State: Pompano Beach, Florida
29 Zip: 33073
30 Country: U.S.A.

4. FEI Number: ~~65-0153009~~ 650492497 ☐ 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
ROGOVIN, LAWRENCE H ESQUIRE 17071 WEST DIXIE HIGHWAY SUITE B NORTH MIAMI BEACH FL 33160	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 _____ (NOTE: Registered Agent signature required when name changed) (DATE)
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS (Amend., Reinstatement, Admin. Dissolution)
TITLE	PVST	11 TITLE ☑ Change ☐ Addition
NAME	SOSNOW, BRIAN M	12 NAME
STREET ADDRESS	17094 COLLINS AVENUE, SUITE 104	13 STREET ADDRESS 2301 W. Sample Rd
CITY ST ZIP	MIAMI BEACH FL 33160	14 CITY ST ZIP Pompano Beach 33073
TITLE	C	21 TITLE ☐ Change ☐ Addition
NAME	SOSNOW, BRIAN M	22 NAME
STREET ADDRESS	17094 COLLINS AVENUE, SUITE 104	23 STREET ADDRESS 2301 W. Sample Rd
CITY ST ZIP	MIAMI BEACH FL 33160	24 CITY ST ZIP Pompano Beach 33073
TITLE		31 TITLE ☐ Change ☐ Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY ST ZIP		34 CITY ST ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY ST ZIP		44 CITY ST ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

CR2E034 (3/95)

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)(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: Brian Sosnow BRIAN SOSNOW. July 27/95 305 9691555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063663 CP