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

PROFIT
"CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F94000004098 (9)

Principal Place o 2301 W. SA BLDG 5 #4	345 QUEBEC INC. f Business MPLE RD.	Mailing Address 2301 W. SAMPLE RD. BLDG 5 #4C POMPANO BEACH FL US	33073	3. Date Incorporated or Qualified 3a 08/08/1994	. Date of Last Report 07/31/1995
		To- Mark Address		4. FEI Number	Applied For
2. Principal Place of Business		2a. Mailing Address		65-0492497	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
0.00		City & State		6. Election Campaign Financing	\$5 00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intang	
24	25	29	30	Florida Statutes Yes [] 10. Name and Address of New Regis	
	9. Name and Address of Curre	nt Registered Agent	81 Name	S. Gorellel	relea Maur
17071 SUITE NORTH	I MIAMI BEACH FL 33160	2 and 607.1508, Florida Statute ida Such change was authorize	83 84 City K o	ca. Raten / ration submits this statement for the purpose rd of directors. I hereby accept the appointm	FL 85 Zip Code 3313; e of changing its registered office nent as registered agent. I am
SIGNATURE	is natural accept the state thousand is on second	STEV	EN GAR E: Registered Agent signature require		1/17 (54
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PVST	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME	SOSNOW, BRIAN M		1.2 NAME		
STREET ADDRESS	2301 W. SAMPLE RD.		1.3 STREET ADDRESS		
CHY-ST-ZIP	POMPANO BEACH FL C	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition
TITLE NAME	SASNOW, BRIAN M		2.2 NAME		
STREET ADDRESS	2301 W. SAMPLE RD.		2 3 STREET ADDRESS		
CITY-ST-ZiP	POMPANO BEACH FL		2.4 CITY - ST - ZIP		
THEF		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		F10
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP		FT No. FTF	4 4 CHY-ST-ZIP		Change Addition
TITLE		DELETE	5 1 TITLE		Charles Charles
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME		
NAME			6.3 STREET ADDRESS		
etoret annotee					

6.4 CITY-ST-ZIP

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 an alrector 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 change for once attachment with an address.

(C.D. IA.)

SIGNATURE!

EARD TYPED OR PRINTED NAME OF SICHING OFFICER OR DIRECTOR

april 17/96

954 (34/3733)

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